



Credit Application

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BUSINESS NAME _____

ADDRESS _____

PHONE _____ FAX: _____

TYPE OF BUSINESS _____ IN BUSINESS SINCE _____

AS A: _____ CORPORATION _____ PARTNERSHIP _____ PROPRIETORSHIP _____ OTHER

CREDIT LIMIT REQUESTED: \$ _____

NAMES OF OWNER/PRESIDENT, PARTNERS AND/OR CORPORATE OFFICERS

NAME TITLE HOME ADDRESS

1) _____

2) _____

3) _____

ACCOUNTS PAYABLE PERSON RESPONSIBLE FOR MAKING PAYMENTS

PHONE & EXTENSION: _____

BANKING INFORMATION

BANK NAME: _____ PHONE: _____

ADDRESS: _____ FAX: _____

BANK OFFICER: _____ ACCOUNT #: _____

CURRENT TRADE INFORMATION

1) NAME: _____ PHONE: _____

ADDRESS: _____ FAX: _____

2) NAME: _____ PHONE: _____

ADDRESS: _____ FAX: _____

3) NAME: _____ PHONE: _____

ADDRESS: _____ FAX: _____

BY SIGNING THIS CREDIT APPLICATION, WE AGREE TO FULLY ACCEPT THE CREDIT TERMS AND CONDITIONS OF STAINLESS DOORS, INCORPORATED.

SIGNATURE: _____

PRINT NAME: _____

DATE: _____

INTERNAL USE ONLY:
CUSTOMER NUMBER: _____
TERMS: _____
APPROVED BY: _____
DATE APPROVED: _____