



**Fine Solid Brass
Decorative Hardware Specialists
Since 1985**

APPLICATION FOR CREDIT

COMPANY NAME: _____

BILLING ADDRESS: _____

SHIPPING ADDRESS: _____

TELEPHONE #: _____ FAX #: _____

DATE ESTABLISHED: _____ OWNER: _____

PLEASE LIST CONTACT NAMES FOR ALL DEPARTMENTS: _____

CREDIT REFERENCES: (LIST THREE)

NAME: _____ ADDRESS: _____ TELEPHONE #: _____

DO YOU HAVE A SHOWROOM? _____ IF YES, WILL YOU CHOOSE TO DISPLAY
OUR PRODUCT? _____

PLEASE INDICATE THE TYPE OF BUSINESS YOU ARE AND GIVE US SOME BACKGROUND
INFORMATION: _____

ABOVE INFORMATION PROVIDED BY: _____

DATE: _____ TITLE: _____