



"Your One Stop Shop for Thermal Processing"

CERAMATERIALS **COMPANY CREDIT APPLICATION**
ALL INFORMATION PROVIDED IS CONFIDENTIAL

Company Name:

Company DBA:

Phone: Fax: Web Address:

Company Physical Address:

City: State: Post Code:

FEIN TAX ID: DUNN: SAM CAGE CODE:

VAT: Country: State of Incorporation:

Date Started: Tax Resale #: Please select Business type below:

Corporation Partnership LLC Other:

Purchasing Contact:

Phone: Fax: Email:

Alternate Purchasing Contact:

Phone: Fax: Email:

COMPANY INVOICE & BILL TO INFORMATION
PREFERRED METHOD OF INVOICING IS EMAIL. PLEASE PROVIDE AN EMAIL ADDRESS TO INVOICE.

Invoice / Billing Email:

Accounts Payable Contact:

Phone: Fax: Email:

Accounts Payable Alternate Contact:

Phone: Fax: Email:

Invoice Billing Address:

City: State: Postal Code:

COMPANY SHIP TO & RECEIVING INFORMATION

Ship to Name: Address:

City: State: Postal Code:

Receiving Contact:

Phone: Fax: Email:

TRADE REFERENCES

Reference 1: Phone: Email:

Reference 2: Phone: Email:

Reference 3: Phone: Email:

COMPANY APPLICATION PREPARED BY

Prepared by Name: Title:
Prepared by Email: Phone: