

C&R Metal Finishing, Inc.
*****CREDIT APPLICATION*****

Full name of firm: _____

Year established: _____

Individual owner, partnership, or corporation: _____

If corporation, names of officers: _____

Kind of business: _____

Street address: _____

Billing address: _____

Business References (2): _____

Financial Information

Bank: _____

Bank Address: _____

Bank Account #: _____

Name of applicant: _____ Date: _____

Signature: _____

Please fax Credit Application to: 815-282-3453

If you have any questions please call the office at: 815-282-1938