

**Name/Address**

Last:	First:	Middle Initial:	Title:
Name of Business:		Tax ID Number:	
Address:			
City:	State:	Zip:	Phone:

**Company Information**

Type of Business:	In Business Since:
Legal Form Under Which Business Operates:	Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/>
If Division/Subsidiary, Name of Parent Company:	In Business Since:
Name of Company Principal Responsible for Business Transactions:	Title:
Address:	City: State: Zip: Phone:
Name of Company Principal Responsible for Business Transactions:	Title:
Address:	City: State: Zip: Phone:

**Bank References**

Institution Name:	Institution Name:	Institution Name:
Checking Account#:	Savings Account#:	Home Equity Loan: Loan Balance:
Address:	Address:	Address:
Phone:	Phone:	Phone:

**Trade References**

Company Name:		
Contact Name:		
Address:		
Phone:		
Account Opened Since:		
Credit Limit:		
Current Balance:		

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for, in order to verify the information contained herein.

A 1.5 % per month service charge will be added to all balances over 30 days old.

Remit to: Precision Industrial Supply LLC  
6240 E. Seltice Way Unit C  
Post Falls, ID 83854  
Phone: 1-208-664-9700 Fax: 1-208-765-8520

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date