

DUNDEE MANUFACTURING COMPANY

107 Fairchild Drive

P.O. BOX 143

Dundee, MI 48131

PH# 734-529-2540 F# 734-529-3583

CREDIT APPLICATION

Company Name: \_\_\_\_\_ Date \_\_\_\_\_

Billing Address:

Shipping Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_

Credit limit requested: \_\_\_\_\_

Bank Reference:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Trade References :( 4)

Name (1) \_\_\_\_\_ Name (2) \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ Fax \_\_\_\_\_

Contact \_\_\_\_\_ Contact \_\_\_\_\_

Name (3) \_\_\_\_\_ Name (4) \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ Fax \_\_\_\_\_

Contact \_\_\_\_\_ Contact \_\_\_\_\_

Signature : \_\_\_\_\_ Title: \_\_\_\_\_

**PLEASE COMPLETE FORM AND FAX BACK TO : 734 529-3583**