



32020 Edward Ave.
 Madison Heights, MI 48071
 (248) 583-2000

Credit Application

Company name:			
Industry:			
Phone	Email	FEIN	
Registered company address:			
City:		State:	ZIP Code:
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:
BUSINESS AND CREDIT INFORMATION			
Primary business address:			
City:		State	ZIP Code
A/P Contact:			
Telephone:		E-mail:	
Bank name:			
Bank address:		Phone:	
City:		ZIP Code:	City:
Type of account	Account #		
Saving			
Checking			
Other			
BUSINESS/TRADE REFERENCE			
Company Name	Address		Phone/Fax/Email
Company Name	Address		Phone/Fax/Email

1. All invoices are to be paid 30 days from the date of the invoice.
2. By submitting this application, you authorize Adam Electronics to make inquiries into the banking and business/trade references that you have supplied.

Signature & Title: _____ Date signed: [Date]

