



PHOENIX MANUFACTURING, INC.

3655 E. Roeser Rd. - Phoenix, AZ. 85040

Tel: 602.437.1034 Fax: 602.437.4833

CREDIT APPLICATION / PROFILE

To Be Completed By Prospective Customer and Returned To PMI Credit Dept.

| Legal Name / Parent or Subsidiary of | Bill to Name and Address |
|---|-----------------------------|
| Name: _____ | Name: _____ |
| P.O.Box and/or Street Address: _____ | Address: _____ State: _____ |
| City: _____ | City: _____ Zip 30518 _____ |
| State: _____ Zip: _____ | Billing Contact: _____ |
| Phone: _____ Fax: _____ | Email Address: _____ |
| Year Business Started : _____ | Phone: _____ Fx: _____ |

Ship To Address (If multiple shipping locations please attach list) Same as bill to? _____

Street Address: _____

City: _____ State: _____ Zip: _____

Fed Tax ID _____ Sales Tax # _____ Duns # _____

Requested Max Credit Limit \$ _____ Type of Business Corp LLC Other

Name of Bank _____ Acct # _____ Contact _____

Address _____ City/State _____ Zip _____

Tel # _____ Fax # _____

TRADE REFERENCES

| | |
|------------------------|-------------|
| (1) Name _____ | Tel # _____ |
| Addr _____ | Fax # _____ |
| City _____ State _____ | Zip _____ |
| (2) Name _____ | Tel # _____ |
| Addr _____ | Fax # _____ |
| City _____ State _____ | Zip _____ |
| (3) Name _____ | Tel # _____ |
| Addr _____ | Fax # _____ |
| City _____ State _____ | Zip _____ |

PLEASE FORWARD A COPY OF YOUR SALES TAX LICENSE / EXEMPT CERTIFICATE

NOTE: FINANCIAL STATEMENTS ARE REQUIRED ON NEW CUSTOMERS - please enclose with application

Authorized Signature _____ Title _____

Please Print Name _____ Date _____

Telephone _____ Fax _____ Email _____