

## **CREDIT APPLICATION**

TUSON CORPORATION requests the following information to establish credit terms. Please return this application as soon as possible so we may proceed with your initial order. The information provided will be kept confidential.

Company Nam	ne:			
Address Line:				
City/ State/ Zip	o:			
Phone Number				
Fax Number:				
Type of Own	ership (Select One): [	☐ Corporation ☐ Partner	ship 🗆 Individual	
Years in Business:		Annual Sales:	Annual Sales:	
Principal Own	ers:			
Federal Tax Id	#:	D&B Number:	D&B Number:	
Account Payab	ole Contact (Name & Er	nail):		
•				
Bank Address: City/State/Zip: Phone Number Fax Number:	:	Three References, Fax Numbers		
	Reference #1	Reference #2	Reference #3	
Name:				
Address:				
City/State/Zip:				
Phone Number: Fax Number:				
Signature:		Date:		
DI 1 1.	16	NID 1 O	M7 01 6 0001 A A	

Please send completed form to email <a href="mailto:linearror:line