



# Credit Application

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

Company Name:			
Industry:			
Phone:		Email:	
Registered Company Address:			
City:		State:	ZIP Code:
FEIN:		Date business commenced:	
Sole proprietorship:	Partnership:	Corporation:	Other:
<b>BUSINESS AND CREDIT INFORMATION</b>			
Primary business address:			
City:		State:	ZIP Code:
A/P Contact:			
Phone:		Email:	
Banke Name:			Phone:
Bank Address:			
City:		State:	ZIP Code:
Type of Account:	Checking	Savings	Other
Account Number:			
<b>BUSINESS/TRADE REFERENCES</b>			
Company Name:		Contact Name:	
Address:			
Phone / Email / Fax:			
Company Name:		Contact Name:	
Address:			
Phone / Email / Fax:			

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: \_\_\_\_\_ Date: \_\_\_\_\_

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