



11636 GOLDRING RD • ARCADIA, CALIFORNIA 91006-5815  
626-358-2559 • FAX 626-359-5701 • 800-525-6925

### CREDIT APPLICATION

Business Name \_\_\_\_\_ Date \_\_\_\_\_

Contact Name and Title \_\_\_\_\_

Address of Business \_\_\_\_\_

Billing Address \_\_\_\_\_

Shipping Address \_\_\_\_\_

Phone \_\_\_\_\_ Tax ID or Social Security # \_\_\_\_\_

**Form of Business**  Corporation  Sole Proprietorship  Partnership  Other \_\_\_\_\_

State Incorporated \_\_\_\_\_ SIC code \_\_\_\_\_

Year Incorporated \_\_\_\_\_ Duns/DB # \_\_\_\_\_

Previous Address (if at present address less than 5 years) \_\_\_\_\_

Officers: President \_\_\_\_\_ Vice President \_\_\_\_\_

I hereby authorize DynaMetric, Inc., to make inquiries of the listed banking and trade references. If granted credit, I agree to pay DynaMetric, Inc., for any products or services purchased according to the terms of sale.  
Name and Title: \_\_\_\_\_

#### Banking Reference

Bank \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Checking Acct # \_\_\_\_\_ Savings Acct # \_\_\_\_\_ Loan Acct # \_\_\_\_\_

#### Trade References

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_