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www.pacdrill.com

CREDIT APPLICATION FORM

Date: _____

Applicant Information:

- Business Name: _____
- Contact Name: _____
- Business Address: _____
- City: _____ State: _____ ZIP: _____
- Phone: _____ Email: _____
- Type of Business: _____
- Years in Business: _____
- Federal Tax ID #: _____ DUNS #: _____

Billing Information (if different from above):

- Billing Address: _____
- City: _____ State: _____ ZIP: _____
- Accounts Payable Contact: _____
- Phone: _____ Email: _____

Business Structure:

- ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ LLC ☐ Other: _____

Bank References:

- Bank Name: _____
- Account Number: _____ Phone: _____
- Address: _____
- Contact Person: _____

Trade References (at least 3):

1. **Company Name:** _____
Contact: _____ **Phone:** _____
Email: _____ **Account #:** _____
2. **Company Name:** _____
Contact: _____ **Phone:** _____
Email: _____ **Account #:** _____
3. **Company Name:** _____
Contact: _____ **Phone:** _____
Email: _____ **Account #:** _____

Credit Request:

- **Credit Amount Requested:** \$ _____

Terms & Conditions:

I/We authorize the release of banking and credit information to process this application. I/We agree to abide by the credit terms established, including payment within _____ days of the invoice date. Late payments may incur interest charges as permitted by law.

I/We certify that the information provided above is true and correct.

Authorized Signature: _____

Printed Name: _____

Title: _____

Date: _____