

ADAPT-SOLUTIONS

Credit application

Billing Name: _____

Shipping Name: _____

Address: _____

Business Established: _____ Organisation Type: _____

Phone: _____ Toll Free: _____

Fax: _____

Website: _____

Email Address: _____

Contact: _____

For shipping

Tax ID Number: _____

Owners or principal Officers of Company

President/Owner _____

A/P Manager _____

Sales Manager _____

The above information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorise ADAPT-SOLUTIONS to investigate the references listed pertaining to my/our credit and financial responsibility.

Date: _____

Authorised
Signature _____

Title: _____