



CREDIT APPLICATION

PLEASE COMPLETE THE ENTIRE FORM AND RETURN TO:

**SUMMIT MEASUREMENT, LLC ATT: CREDIT DEPARTMENT | 66 BOYNTON RD. S. DEERFIELD MA
01373 | PHONE: 855 972 2537 | FAX: 818 561 3636 | EMAIL:
SALES@SUMMITMEASUREMENT.NET**

COMPANY NAME:	FEDERAL TAX ID #:	DUNS NUMBER:
BUYER NAME:	BUYER PHONE NUMBER & EMAIL:	BILLING ADDRESS:
CITY:	STATE:	ZIP:

AREA / TYPE OF BUSINESS:	
ACCOUNTS PAYABLE CONTACT:	
AP PHONE NUMBER & EMAIL:	

PLEASE PROVIDE BANK INFORMATION, FOR APPLICATION TOWARD THE EXTENSION OF CREDIT FOR BUSINESS PURPOSES ONLY.

BANK NAME:	
ACCOUNT #:	
BANK ADDRESS:	
CITY, STATE, ZIP:	
BANK PHONE:	



TRADE REFERENCE 1	
BUSINESS NAME:	
CITY: STATE: ZIP:	
PHONE:	
FAX:	
CONTACT:	

TRADE REFERENCE 2	
BUSINESS NAME:	
CITY: STATE: ZIP:	
PHONE:	
FAX:	

TRADE REFERENCE 3	
BUSINESS NAME:	
CITY: STATE: ZIP:	
PHONE:	
FAX:	

WHICH PRODUCT(S) ARE YOU PLANNING TO PURCHASE?	
IN WHAT QTY?	
AMOUNT OF CREDIT BEING REQUESTED:	



THE UNDERSIGNED PURCHASER HEREBY AGREES:

- A) To remit all amounts due for goods purchased from SUMMIT MEASUREMENT, LLC.
- B) To pay in accordance to our terms. Our standard terms are Net 30 days for products sold.
- C) This information is complete and accurate to the best of my knowledge.

SIGNATURE: _____

NAME: _____

TITLE: _____

DATE: _____

ONCE THIS FORM IS COMPLETE, RETURN TO:

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