



# ALFA TRANSFORMER

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## CREDIT APPLICATION

*We hereby apply for credit and certify that the information below is correct. We understand that the information is for the use of your credit department only and will be held in the strictest of confidence. We agree to make proper payment in consideration of extended credit.*

COMPANY \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

FEDERAL ID# \_\_\_\_\_ RESALE TAX # \_\_\_\_\_ OR OTHER (LIST) \_\_\_\_\_

CORPORATION    INDIVIDUAL/SOLE PROPRIETOR    PARTNERSHIP

NAMES OF PRINCIPAL OFFICERS \_\_\_\_\_

DUNS # \_\_\_\_\_ DUNS RATING \_\_\_\_\_ YEAR ESTABLISHED \_\_\_\_\_

LINE OF BUSINESS \_\_\_\_\_

### BANKING REFERENCES

NAME OF INSTITUTION \_\_\_\_\_ OFFICER \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

**\*\*Your high credit balance with each reference must equal or exceed the amount of credit you are requesting from us\*\***

### TRADE REFERENCES

COMPANY \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_

CITY/STATE \_\_\_\_\_ EMAIL \_\_\_\_\_

COMPANY \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_

CITY/STATE \_\_\_\_\_ EMAIL \_\_\_\_\_

COMPANY \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_

CITY/STATE \_\_\_\_\_ EMAIL \_\_\_\_\_

Are you currently in bankruptcy proceedings?      Yes \_\_\_\_\_ No \_\_\_\_\_

Are you contemplating filing bankruptcy within the next six months?      Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE