

FLEX-CORE Div.

Morlan & Associates, Inc.
4970 Scioto Darby Rd.-Hilliard,
OH 43026

Phone: (614)889-6152

Fax: (614)876-8538

www.flex-core.com

sales@flex-core.com

Confidential Credit Application

COMPANY DATA

Date: _____

Company Name: _____ Phone: () _____

Billing Address: _____
(Street/P.O.Box) (City) (State) (Zip)

Shipping Address: _____
(Street) (City) (State) (Zip)

Division of: Parent Company: _____

Subsidiary of: Address: _____
(Street) (City) (State) (Zip)

Sole Proprietorship: _____ Partnership: _____ Corporation: _____
(S.S. Number) (S.S. Number) (FID Number)

Type of Business: _____

DUNS# _____

Annual Sales: _____ Number of Employees: _____

How Long in Business: _____ Monthly Credit Line Desired: \$ _____

Purchase Orders Used: Yes No Purchasing Agent _____

Is Merchandise for Resale: Yes No Resale Number _____

Names and Titles of Officers or Principals of Company:

(Name) (Title)

(Name) (Title)

(Name) (Title)

This application requires your company to complete the reference information requested on the following page.

The undersigned hereby authorizes the following credit references to disclose all details necessary to enable FLEX-CORE Div. to establish an open account.

Bank References

Checking: _____ **Fax:** () _____

Name: _____ **Phone:** () _____

Branch: _____ **Account Number:** _____

Address: _____
(Street) (City) (State) (Zip)

Loan:

Name: _____ **Phone:** () _____

Branch: _____ **Account Number:** _____

Address: _____
(Street) (City) (State) (Zip)

Trade Credit References

1. Name: _____

Phone: () _____ **Fax:** () _____

Address: _____
(Street) (City) (State) (Zip)

2. Name: _____

Phone: () _____ **Fax:** () _____

Address: _____
(Street) (City) (State) (Zip)

3. Name: _____

Phone: () _____ **Fax:** () _____

Address: _____
(Street) (City) (State) (Zip)

Contact: _____

If available, please attach a copy of the most recent financial statement.

(Authorized Signature)

(Title)