



# EnclosureHub

Enclosures on Demand

4799 West 150<sup>th</sup> Street, Cleveland, OH 44135

Phone: 800-325-4935 Fax: 216-267-5392

Website: www.enclosurehub.com

## Credit Application

Company Name \_\_\_\_\_ Date \_\_\_\_\_

Phone (Area Code) \_\_\_\_\_ Fax (Area Code) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

### Billing Address

### Shipping Address

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sales Tax Exemption or Resale # \_\_\_\_\_ *(Please attach a copy for our records)*

Type of Business: (Check One)  Corporation  Partnership  Proprietorship

President/Owner \_\_\_\_\_ Number of Employees \_\_\_\_\_

Dun & Bradstreet # \_\_\_\_\_ Annual Sales \$ \_\_\_\_\_

Years in Business \_\_\_\_\_ Type of Business:  Distributor  OEM  Other \_\_\_\_\_

Est. Annual Sales of our Product \$ \_\_\_\_\_ Estimated Required Credit Limit \$ \_\_\_\_\_

Bank Name \_\_\_\_\_ Account Number \_\_\_\_\_

Bank Address \_\_\_\_\_ Phone Number \_\_\_\_\_

### Trade References

1. Vendor Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Fax Number \_\_\_\_\_

2. Vendor Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Fax Number \_\_\_\_\_

3. Vendor Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Fax Number \_\_\_\_\_

#### ENCLOSURE HUB USE ONLY

#### ENCLOSURE HUB APPROVALS

Customer Number \_\_\_\_\_

Controller \_\_\_\_\_

D&B Rating \_\_\_\_\_

VP Sales & Marketing \_\_\_\_\_

Rep # \_\_\_\_\_ Cust. Code \_\_\_\_\_

Terms \_\_\_\_\_ Credit Limit \_\_\_\_\_