



Date: _____ Sales Representative: _____

Name: _____

Company Name/DBA (Doing Business As): _____

Business Address: _____ City: _____ State: _____ Zip: _____

Residence Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Residence Phone: _____

This Business is a (check one): Corporation Partnership Individual

Officer or Owner: _____

Address: _____ City: _____ State: _____ Zip: _____

Commercial Bank Account & No.: _____

Branch Address: _____ City: _____ State: _____ Zip: _____

Commercial Bank Account & No.: _____

Branch Address: _____ City: _____ State: _____ Zip: _____

Personal Bank Account & No.: _____

Branch Address: _____ City: _____ State: _____ Zip: _____

Principal Suppliers:	Address:	City:	State:	Zip:	Phone:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Are you rated in D&B: Yes No Sales Tax No.: _____ Years in business: _____

Corporation & Securities No.: _____ When: _____

Is this your primary business: Yes No

Have you ever gone through bankruptcy: Yes No

Have you ever made settlement with creditors: Yes No If yes, when: _____

Have you any suits or liens pending at this time: Yes No

Business Building Value: Lease Own Mortgage Mortgage Company: _____

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