

Please print all information and sign.

Drawing Number SP1207 (2/17) Date _____

Once completed, please email to futek@futek.com or fax to 949-465-0905.

Billing Information

Company Name _____

Address _____

Contact _____

Phone _____ Fax _____ Accounts Payable Phone _____

Email _____ Website _____

Industry _____ Number of Employees 1-100 101-500 501+

In business since _____ Company Annual Revenue Less than \$1,000,000 Greater than \$1,000,000

CA tax exempt? Yes No If yes, please provide a California Resale Number: _____

DUNS Number _____ NAICS/SIC code _____

Bank Reference

Bank Name _____

Address _____

Contact _____

Phone _____ Fax _____ Account Number _____

Trade References (three are required)

1 Vendor Name _____

Address _____

Contact _____ Phone _____ Fax _____

2 Vendor Name _____

Address _____

Contact _____ Phone _____ Fax _____

3 Vendor Name _____

Address _____

Contact _____ Phone _____ Fax _____

By signing below, you certify that all the information provided in this application is true and correct, you are authorized to sign this application on behalf of the applicant, and you agree to be bound by the terms and conditions of FUTEK's credit policy.

X _____

Please print name _____ Date _____