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CREDIT APPLICATION

COMPANY INFORMATION

Company Name: _____

Trade Name (DBA), if applicable: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Is your business: Individually owned Partnership Corporation

Name of Owner, Partners or Officers: _____

A/P Contact Name: _____ Email: _____

Month and Year established: _____ Estimated annual credit needed: \$ _____

Estimated number of units requiring service annually: _____

REFERENCES *NOTE: If you have an existing list of bank and trade references, you can enclose that with this application instead.*

BANK REFERENCES

Bank: _____ Checking account number: _____

Bank Representative: _____ Savings account number: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Email: _____

TRADE REFERENCES

Firm Name: _____ Attn: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Firm Name: _____ Attn: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Firm Name: _____ Attn: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

FAX OR EMAIL COMPLETED FORM TO AE TECHRON: 574-295-9496 or accounting@aetechron.com