



NORRIS CYLINDER COMPANY

A TriMas Company

1535 FM 1845 • LONGVIEW, TX 75603

TELEPHONE: (903) 757-7633 • (800)527-8418
MAIN FAX: (903)753-3012
SALES FAX: (903)237-7654
ACCOUNTING FAX: (903)237-7657

CREDIT APPLICATION

IDENTIFICATION

FULL LEGAL COMPANY NAME: _____

STREET ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS (IF DIFFERENT): _____

CITY: _____ STATE: _____ ZIP: _____

EMPLOYER FEDERAL ID NUMBER: _____ DATE ESTABLISHED: _____

ORGANIZATION: SOLE PROPRIETORSHIP _____ PARTNERSHIP _____ CORPORATION _____

IF A CORPORATION, STATE OF INCORPORATION _____ DATE OF INCORPORATION _____

OFFICER NAME: _____ RESIDENT ADDRESS: _____

TELEPHONE # _____ SOCIAL SECURITY # _____

IF SOLE PROPRIETORSHIP, NAME OF OWNER _____

SOCIAL SECURITY # _____ BUSINESS PREMISES: OWN _____ LEASE _____

IF LEASE, NAME AND ADDRESS OF LANDLORD _____

LIST ALL BANKS OR FINANCE COMPANIES DEALT WITH:

<u>NAME & ADDRESS</u>	<u>ACCOUNT # AND TYPE</u>	<u>OFFICER NAME, PHONE#</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIST THREE MAJOR TRADE REFERENCES:

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE NUMBER</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

FINANCIAL INFORMATION:

THIS APPLICATION DOES NOT OBLIGATE APPLICANT OR NORRIS CYLINDER COMPANY TO ENTER INTO A FINANCIAL AGREEMENT. THE UNDERSIGNED GRANTS PERMISSION TO NORRIS CYLINDER COMPANY TO OBTAIN FROM ANY SOURCE ANY INFORMATION CONCERNING APPLICANT, AND AGREES TO SUPPLY WITHOUT EXPENSE TO NORRIS CYLINDER COMPANY ALL FINANCIAL STATEMENTS AND OTHER SUPPORTING DATA REQUIRED AND ALSO WARRANTS THE ACCURACY OF ALL INFORMATION IN THIS APPLICATION AND OTHER STATEMENTS SUBMITTED.

PRINT NAME _____ TITLE _____

SIGNATURE _____ DATE _____