



TMT Industries, Inc.
14774 Jurupa Ave* Fontana CA 92337*
(909) 493-3441

Application for Credit

BUSINESS NAME: _____

DBA: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____ PERSON TO CONTACT: _____

TYPE OF ENTITY: CORPORATION _____ PARTNERSHIP _____ PROPRIETORSHIP _____

NAMES OF OFFICERS, PARTNERS OR PRINCIPAL:

_____ TITLE: _____

_____ TITLE: _____

_____ TITLE: _____

TYPE OF BUSINESS: _____

CREDIT AMOUNT REQUESTED: _____

HOW LONG HAVE YOU BEEN IN BUSINESS: _____

BANK REFERENCES

NAME: _____ BRANCH: _____

ADDRESS: _____

PHONE: _____ ACCOUNT #: _____

TRADE REFERENCES

1. NAME: _____ PHONE: _____
ADDRESS: _____

2. NAME: _____ PHONE: _____
ADDRESS: _____

3. NAME: _____ PHONE: _____
ADDRESS: _____

I certify that the above information is complete and correct. You may verify any of this information and check history. You may also answer questions from others about your credit and account experience with us.

AUTHORIZED SIGNATURE: _____

PRINT NAME: _____

DATE: _____ REQUESTING \$ _____ AMOUNT OF CREDIT