

### Please print all information and sign.

Once completed, please email to [futek@futek.com](mailto:futek@futek.com).

Date \_\_\_\_\_

### Billing Information

Company Name _____		Contact Name _____
Address _____		
Primary Phone _____	Secondary Phone _____	
Email _____	Website _____	
Industry _____	Number of Employees _____	
In business since _____	Company Annual Revenue _____	
Tax exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide a Tax Exemption Number: _____	
DUNS Number _____	NAICS/SIC code _____	
Accounting Contact _____		
Phone _____	Email _____	

### Trade References (three are required)

1 Vendor Name _____		
Address _____		
Contact _____	Phone _____	Email _____
2 Vendor Name _____		
Address _____		
Contact _____	Phone _____	Email _____
3 Vendor Name _____		
Address _____		
Contact _____	Phone _____	Email _____
4 Vendor Name _____		
Address _____		
Contact _____	Phone _____	Email _____

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 \_\_\_\_\_

Revision 3/2021