

444 Johnson Lane  
P. O. Box 216  
Brownsburg, IN 46112  
Phone: 317-852-5920  
Fax: 317-852-2337

**MIDpro Fluid Power**

**CREDIT APPLICATION**

Name of Business: \_\_\_\_\_

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ LLC \_\_\_\_\_ Proprietorship \_\_\_\_\_

Duns & Bradstreet #: \_\_\_\_\_ Federal ID # \_\_\_\_\_

Length of Time in Business: \_\_\_\_\_ Years \_\_\_\_\_ Months

Number of employees: \_\_\_\_\_ Office/Warehouse: \_\_\_\_\_ Own \_\_\_\_\_ Rent

If privately held company, please list shareholders: (add additional sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_

Please list officers of the firm:

President: \_\_\_\_\_

Vice President: \_\_\_\_\_

Secretary: \_\_\_\_\_

Treasure: \_\_\_\_\_

Please list following contacts with phone numbers and E-mail address:

Accounts Payable: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

Accounts Receivable: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

Purchasing: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

Mailing Address:

Shipping Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*We do not mail invoices, please indicate preferred method: \_\_\_\_\_ Fax \_\_\_\_\_ Email  
Fax Numbers:

General Fax: \_\_\_\_\_ Purchasing: \_\_\_\_\_

A/P Fax: \_\_\_\_\_ A/P Email \_\_\_\_\_

Web Site: \_\_\_\_\_

General E-Mail Address: \_\_\_\_\_

**CREDIT REFERENCES – MUST INCLUDE FAX NUMBERS!!!!!!**

**Bank Reference:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Name of Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Credit Reference:**

1) Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Name of Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

2) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Name of Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Credit Reference:**

3) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Name of Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_