

world fasteners

A WOMAN OWNED MINORITY BUSINESS

OPEN ACCOUNT APPLICATION

confidential credit information

NAME AND ADDRESS OF APPLICANTS FIRM:

Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ Fax Number _____

Type Of Business? _____ Time In Business? _____

1 (ONE) BANK REFERENCE:

Name _____ Telephone Number _____

Address _____

City _____ State _____ Zip _____

Bank Officer and Department _____

3 (THREE) TRADE REFERENCES:

Name _____

Address _____

City _____ State _____ Zip _____

Name _____

Address _____

City _____ State _____ Zip _____

Name _____

Address _____

City _____ State _____ Zip _____

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