



DOMINO ENGINEERING CORPORATION

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CREDIT APPLICATION

Date _____

BILLING NAME AND ADDRESS

SHIPPING NAME AND ADDRESS

TELEPHONE: (____) _____

FAX NUMBER (____) _____

BUSINESS STYLE: (CHECK ONE):

_____ CORPORATION

_____ PARTNERSHIP

_____ PROPRIETORSHIP

YEARS IN BUSINESS: _____ TYPE OF BUSINESS: _____

NAME AND LOCATION OF PARENT COMPANY: _____

PRINCIPALS OF FIRM:

OFFICERS: _____ TITLE: _____ PURCHASING AGENT: _____

_____ TITLE: _____ BUYER: _____

_____ TITLE: _____ OTHER: _____

REFERENCES:

NAME	ADDRESS	CITY,STATE	TELEPHONE
BANK _____	_____	_____	_____
TRADE _____	_____	_____	_____
TRADE _____	_____	_____	_____
TRADE _____	_____	_____	_____

IS MERCHANDISE FOR RESALE? _____ (IF YES, PLEASE ATTATCH EXEMPTION CERTIFICATE)

CREDIT APPLICATION SUBMITTED BY: _____

(TITLE)

(SIGNATURE)

.....FOR DOMINO USE ONLY.....

DATE CREDIT APPLICATION RECEIVED _____ CREDIT LINE REQUESTED _____

COMMENTS: