

## Credit Application

In order to promptly process your application, please provide the most complete information to Neutron, Inc. for credit review. The following 4-step procedure will guide you through the application for your corporation account. Please fill out the forms and submit them to Neutron, Inc. Neutron, Inc. will not process your application until the completion of all four steps.

### STEP-1 COMPANY INFORMATION

Company or corporation name: \_\_\_\_\_

TEL: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

Have you ever applied for a credit account with Neutron Inc. before?  Yes  No

Billing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Shipping address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Accounts payable contact name: \_\_\_\_\_ TEL: (\_\_\_\_) \_\_\_\_\_

Controller's name: \_\_\_\_\_ TEL: (\_\_\_\_) \_\_\_\_\_

Date company established (MM/DD/YY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Annual sales volume: \_\_\_\_\_

Estimated monthly purchase volume: \_\_\_\_\_

Are financial statements available?  Yes  No (if yes, please fax them to Neutron at **814-861-8137**)

Number of employees: \_\_\_\_\_

Business is:  Corporation  Partnership  Proprietorship

Resale/sales tax #: \_\_\_\_\_ Federal ID: \_\_\_\_\_

State of incorporation: \_\_\_\_\_

Subsidiary of (if applicable) \_\_\_\_\_

Name of one of proprietors: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_

Social Security number: \_\_\_\_\_