

DESSAU BRASS INC.

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CREDIT APPLICATION

COMPANY NAME: _____ **acct # (if available)** _____

STREET ADDRESS: _____

BILLING ADDRESS:

CITY: _____ **STATE/ZIP:** _____

PHONE/FAX#: _____ **EMAIL:** _____

FEDERAL TAX ID# _____

DUNS #: _____

NAMES OF PRINCIPALS OFFICERS: _____

BANK NAME: _____

ADDRESS: _____

BRANCH: _____

PHONE: _____

TRADE/CREDIT REFERENCE (S):

NAME _____

ADDRESS: _____

CITY/ST/ZIP: _____

TEL./FAX: _____

EMAIL: _____

NAME _____

ADDRESS: _____

CITY/ST/ZIP: _____

TEL./FAX: _____

EMAIL: _____

NAME _____

ADDRESS: _____

CITY/ST/ZIP: _____

TEL/FAX: _____

EMAIL: _____

COMPLETED BY: _____ **DATE:** _____

POSITION: _____