

Kurt J. Lesker

Company

CONFIDENTIAL CREDIT APPLICATION

PO Box 10, 1925 Route 51, Clairton, PA 15025 USA

Credit Department

Phone: (412) 387-9063

Fax: (412) 384-7039

Company Name: _____ (Check One)
Billing Address: _____ Corporation State of Formation _____
City, State, Zip: _____ Partnership
Phone: _____ Fax: _____ Proprietorship
Federal Tax ID # _____
D & B # _____

Names of Principal Officers, Partners, or Proprietors (print)
Name: _____ Title: _____ Date Established _____
Name: _____ Title: _____ Years at this location _____
Name: _____ Title: _____ Previous Address, if less than 5 years _____
A/P Contact: _____ A/P Phone # _____
A/P Email: _____ A/P Fax # _____ Requested Credit Limit _____

Trade References

Name: _____ A/R Contact _____
Address: _____ Phone: _____
Street City State Zip Fax: _____
Email: _____

Name: _____ A/R Contact _____
Address: _____ Phone: _____
Street City State Zip Fax: _____
Email: _____

Name: _____ A/R Contact _____
Address: _____ Phone: _____
Street City State Zip Fax: _____
Email: _____

Name: _____ A/R Contact _____
Address: _____ Phone: _____
Street City State Zip Fax: _____
Email: _____

Bank Reference

Name: _____ Officers Name: _____
Address: _____ Phone: _____
Street City State Zip

(All pertinent banking information is hereby released to Kurt J. Lesker Company)

Applicant, by submitting this Confidential Credit Application, and in return for any extension of credit to Applicant, agrees that Kurt J. Lesker Company Standard Terms and Conditions of Sale (LEF-203) shall apply to, and are incorporated by this reference into, the contract(s) for any sale of goods and/or services by Kurt J. Lesker Company to Applicant. These Terms and Conditions are printed in our Global Vacuum Product Guide catalog (9th Edition). They can be viewed on our website (www.lesker.com) and also can be obtained by email request to sales@lesker.com.

Applicant hereby certifies that all information provided by Applicant in this Confidential Credit Application is true and correct.

Signed by: _____

Title: _____

Print Name: _____

Date: _____