

THE ELECTROLUX HOME CARE PRODUCTS LTD CREDIT APPLICATION

FORM E-3377 (OCT. 01)



Please complete the following application in full and sign in all indicated areas.
All information supplied in or obtained through this application, will be held as confidential.

We live and breathe clean.

BUSINESS NAME: _____

BILL TO: _____

ADDRESS _____

CITY, STATE, ZIP _____

SHIP TO (if different): _____

ADDRESS _____

CITY, STATE, ZIP _____

BUSINESS PHONE: () _____

E-MAIL ADDRESS: _____

FAX NUMBER: () _____

WEBSITE ADDRESS: _____

TAX NUMBER: _____

DUNS NUMBER: _____

PROPRIETORSHIP CORPORATION PARTNERSHIP

OWNER/PARTNERS/OR OFFICERS

NAME	NAME
SOCIAL SECURITY NUMBER	SOCIAL SECURITY NUMBER
HOME ADDRESS	HOME ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP

TRADE REFERENCES (MINIMUM 3)

NAME	NAME
ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
PHONE ()	PHONE ()
FAX ()	FAX ()
ACCOUNT #	ACCOUNT #
NAME	NAME
ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
PHONE ()	PHONE ()
FAX ()	FAX ()
ACCOUNT #	ACCOUNT #

BANK REFERENCES (MINIMUM 1)

NAME	NAME
ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
PHONE ()	PHONE ()
FAX ()	FAX ()
ACCOUNT #	ACCOUNT #
CONTACT	CONTACT

I hereby acknowledge that the above information is true and correct and hereby authorized the release of any credit information from the above named reference pertaining to my/our credit and financial responsibilities to whom this application is made.

SIGNATURE	TITLE	DATE
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