

AUTHORIZED SIGNATURE

ALFA TRANSFORMER COMPANY

Box 6214 • Fort Smith, AR 72906 • Phone 501-646-1668 • Fax 501-646-4101 www.alfatransformer.com • sales@alfatransformer.com

CREDIT APPLICATION

DATE

We hereby apply for credit and certify that the information below is correct. We understand that the information is for the use of your credit department only and will be held in the strictest of confidence.

COMPANY						
ADDRESS						
TELEPHONE	EPHONEFAX					
OWNERSHIP	FEDERAL ID#		RESALE 1	ΓΑΧ #		
NAMES OF PRINCIPAL OFFICERS						
DUNS #	DUNS RATING	YE	AR ESTABLIS	SHED		
LINE OF BUSINESS						
	BANKING R	EFERENCES	3			
NAME OF INSTITUTION			OFFICER			
TELEPHONE		ACCOUNT #				
	TD 4 D 5 D 5					
		FERENCES				
COMPANY				Ξ		
ADDRESS						
CITY/STATE						
COMPANY			TELEPHON	IE		
ADDRESS						
CITY/STATE						
COMPANY			TELEPHON	E		
ADDRESS						
CITY/STATE						
Are you currently in bankrup	tcy proceedings?			Yes	No	
Are you contemplating filing	oankruptcy within the I	next six month	s?	Yes	No	