

# McAfee Sheet Metal

40 Commerce Park Dr  
Dayton, OH 45404  
Phone (937) 235-2030 Fax (937) 235-0015

## Credit Account Application

Company Name \_\_\_\_\_

Owner Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Type of Business \_\_\_\_\_

Parent Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Credit Amount Requested: \_\_\_\_\_

## Bank References

Name of Bank \_\_\_\_\_

Type of Account \_\_\_\_\_ Account# \_\_\_\_\_

Bank address \_\_\_\_\_

Phone \_\_\_\_\_ Contact \_\_\_\_\_

## Trade References

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Contact \_\_\_\_\_

Company Name\_\_\_\_\_

Address\_\_\_\_\_

Phone\_\_\_\_\_ Contact\_\_\_\_\_

Company Name\_\_\_\_\_

Address\_\_\_\_\_

Phone\_\_\_\_\_ Contact\_\_\_\_\_

Company Name\_\_\_\_\_

Address\_\_\_\_\_

Phone\_\_\_\_\_ Contact\_\_\_\_\_

Name of Person Completing Form\_\_\_\_\_

Title\_\_\_\_\_ Phone\_\_\_\_\_ Date\_\_\_\_\_

**Please Fax Application to McAfee Sheet Metal at (937) 235-0015**