

**Rankin Automation**  
888 Sussex Blvd.  
P.O. Box 190  
Broomall, PA 19008  
Phone 610-544-6800 Fax 610-328-6594

**CREDIT APPLICATION**

Firm Name: \_\_\_\_\_ Telephone \_\_\_\_\_  
Subsidiary or Division of \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Fed Tax ID Number \_\_\_\_\_  
Are you exempt from Sales tax: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Tax Exempt Number \_\_\_\_\_  
Please include copy of Tax Exempt Form

Is your company: \_\_\_\_\_ Corp. \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship  
Number of years in business \_\_\_\_\_

Officers: President \_\_\_\_\_  
Vice President \_\_\_\_\_  
Treasurer \_\_\_\_\_  
Accounts Payable Supervisor \_\_\_\_\_

**BANK REFERENCE:** Bank Name \_\_\_\_\_  
Account # \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone# \_\_\_\_\_ Bank Officer \_\_\_\_\_

**TRADE REFERENCES:** Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Fax \_\_\_\_\_ A/P Contact \_\_\_\_\_

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Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Fax \_\_\_\_\_ A/P Contact \_\_\_\_\_

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Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Fax \_\_\_\_\_ A/P Contact \_\_\_\_\_

I certify that the above information is correct and that Rankin Automation is authorized to contact the above noted bank and trade references to evaluate our credit worthiness.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_ Title \_\_\_\_\_

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**OFFICE USE ONLY**

Bank Reference: \_\_\_\_\_  
Trade References: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
Approved credit by: \_\_\_\_\_ Date Approved \_\_\_\_\_  
Add'l Comments: \_\_\_\_\_