



APPLICATION FOR CREDIT

Desired Credit Limit: \$		DUNS#:	
Business Information:			
Complete Business Name			
Address:			
City/State/Zip:			
Telephone:	Fax:	E-mail	
Federal ID#	Tax Exempt? Yes ___ No ___ (If yes, please include resale card with application)		
Type of Ownership:	Corporation:	Partnership:	Sole Proprietor:
Principal Information:			
Name:		Title:	
Controller/Financial Officer Name:			
Banking Information:			
Bank Name:		Acct No:	
Address:			
Officer Contact:		Phone:	
Business References:			
1) Name:		Address:	
Contact:	Phone:	Fax:	
2) Name:		Address:	
Contact:	Phone:	Fax:	
3) Name:		Address:	
Contact:	Phone:	Fax:	

All of the information provided in this application is accurate and complete. You authorize us to verify the accuracy of all information contained in the application. Terms of payment are net 30 days from date of invoice. In the event of a late payment, the undersigned agrees to pay finance charges of 1.5% per month (18% per annum) on the unpaid balance exceeding 15 days.

Signature:	Print Name:	Title:
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