

## CREDIT APPLICATION

Classic Automation LLC  
800 Salt Road  
Webster, NY 14580  
USA

Phone: +1 585 241-6010  
Fax: +1 585 241-6014  
Email: [customerservice@classicautomation.com](mailto:customerservice@classicautomation.com)

Please fill out the information below and return to us by fax or e-mail. If you have any questions, please contact Margaret Nichols, Customer Service, 585-241-6010. E-mail: [mnichols@classicautomation.com](mailto:mnichols@classicautomation.com)

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

EIN #: \_\_\_\_\_ DUNS#: \_\_\_\_\_

Year Established: \_\_\_\_\_

Type of Business (Legal Entity type): \_\_\_\_\_

Contact Person: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Bill To Address:

Street: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

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

Ship To Address:

Street: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Accounts Payable Contact:

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

Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

EMAIL FOR INVOICE SUBMITTAL:

E-Mail: \_\_\_\_\_

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Email: customer.service@  
classicautomation.com

### Trade References

#### Reference 1

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

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

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

#### Reference 2

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

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

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

#### Reference 3

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

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

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