

CAL TEC LABS, INC. CREDIT APPLICATION

Date Business Started:	
Company:	Phone:
Address:	Fax:
Address:	
City/State/Zip:	

PRINCIPAL OFFICER RESPONSIBLE FOR PAYMENTS		
Name	Title	Phone

Tax Exempt: ___ NO ___ YES Please attach exemption certification

TRADE REFERENCES		
Name	Address	Phone

BANK REFERENCES		
Bank:		
Branch:		
Phone:	Acct. # :	Contact:
CAL TEC LABS TERMS ARE NET 30 DAYS		
CTL Authorization:		
Date:	Signature:	Title: