

CREDIT INFORMATION

Return attn: Andreea Olivia Pietrish to Fax #: 518-687-0441 e-mail: andreea.olivia@santechcom.com

FROM:

Company Name

Telephone

Address

Number of Years at this Address

City

State

Zip Code

Name to Contact

****PLEASE COMPLETE IN FULL -- ALL INFORMATION IS STRICTLY CONFIDENTIAL****

ARE YOU A: CORPORATION___ PARTNERSHIP___ PROPRIETORSHIP___ INDIVIDUAL___
INCORPORATED WITHIN THE LAST 12 MONTHS___ OTHER___

OWNERSHIP:

Name (Principal)

Address

City

State

Zip Code

Name (President/CEO)

Address

City

State

Zip Code

DATE BUSINESS ESTABLISHED: _____

FEDERAL TAX NUMBER: # _____ ANNUAL SALES VOLUME: _____

HAS YOUR COMPANY NAME EVER BEEN CHANGED?

NO___ YES___ IF SO, WHAT WAS THE PREVIOUS NAME(S)? _____

HAS YOUR ADDRESS RECENTLY CHANGED?

NO___ YES___ IF SO, WHAT WAS THE PREVIOUS ADDRESS? _____

NO___ YES___ IF SO, WHAT WAS THE DATE OF CHANGE? _____/_____/_____

TRADE REFERENCES:

(1)

COMPANY NAME

ADDRESS

CITY

STATE

ZIP CODE

CONTACT NAME

TELEPHONE

(2)

COMPANY NAME

ADDRESS

CITY

STATE

ZIP CODE

CONTACT NAME

TELEPHONE

(3)

COMPANY NAME

ADDRESS

CITY

STATE

ZIP CODE

CONTACT NAME

TELEPHONE

TO MY KNOWLEDGE, ALL OF THE INFORMATION I HAVE GIVEN IS TRUE AND ACCURATE.

SIGNATURE _____ / TITLE _____ DATE ____/____/____