



A Subsidiary of Superior Fabrication, Inc.  
 902 Arlington Center, PMB 225  
 Ada, OK 74820  
 PH 1-800-843-8354  
 FAX 1-(580) 332-9524

# CAMMOND Dealer Credit Application

*All fields must be completed in order to process application.*

Dealership Legal Name: \_\_\_\_\_  
 D.B.A. (if different from above): \_\_\_\_\_  
 Established (year): \_\_\_\_\_ Average Yearly Vol. \$ \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Alt. Phone: (\_\_\_\_) \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
**Shipping Address (if different from above):** \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

## Key Personnel

President / Owner/Partner \_\_\_\_\_  
 V-Pres / Partner \_\_\_\_\_  
 Secretary / Partner \_\_\_\_\_  
 Treasurer / Partner \_\_\_\_\_

- Organization
- Corporation
- Partnership
- Proprietorship
- Other: \_\_\_\_\_

## Bank Reference \*Required\*

Bank Name \_\_\_\_\_ Account Established (year): \_\_\_\_\_  
 Bank Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_ Account Manager / Contact Person: \_\_\_\_\_

## Trade Reference \*Minimum of three required.\*

Company Name _____ Company Address _____ City _____ State _____ Zip _____ Phone (____) _____ Account Established (year): _____	Company Name _____ Company Address _____ City _____ State _____ Zip _____ Phone (____) _____ Acct Established (year): _____
Company Name _____ Company Address _____ City _____ State _____ Zip _____ Phone (____) _____ Account Established (year): _____	Company Name _____ Company Address _____ City _____ State _____ Zip _____ Phone (____) _____ Acct Established (year): _____

## Product Line Information \*Minimum of two required\*

Major Product Line(s)	Years of Fran.	Avg. Vol Past 3 Years	Avg. Acct. Pay	Short Line(s)	Years of Fran.	Avg. Vol Past 3 Years	Avg. Acct. Pay

To induce CAMMOND Industries to extend credit accommodation to it, the Dealer agrees to submit information concerning its business organizations and financial conditions from time to time upon request. CAMMOND Industries, Inc. shall rely on such information in extending and continuing to extend financial accommodations to the Dealer. The Dealer agrees that CAMMOND can check Dealer's credit at all available sources including customers, financial institutions and credit reporting agencies. Terms and credit allowances are at CAMMOND's discretion.

\_\_\_\_\_  
 Authorized Officer Signature Title Date