

Powell

Fabrication & Manufacturing Inc
740 East Monroe Rd St Louis MI 48880
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e-mail info@powellfab.com
www.powellfab.com

New Customer Evaluation

Company Name:			
Address:			
City:		Country:	Postal/Zip Code:
Billing Address (if different):			
City:		Country:	Postal/Zip Code:
Phone:		Fax:	
Entity Type:	Sole proprietorship	Partnership	Corporation
Number of years at location listed above:			
Number of years under current company name:			
Incorporated in the Country of:		Subsidiary of:	
Please complete all four of the following references			
(1) Bank Reference		(2) Bank Reference (2nd reference if available)	
Name:		Name:	
Address:		Address:	
Country:	Postal/Zip Code:	Country:	Postal/Zip Code:
Contact Person:		Contact Person:	
Phone:	Fax:	Phone:	Fax:
Account Number:		Account Number:	
Credit Limit:		Credit Limit:	
Combined credit granted from trade references listed below need to equal or exceed 50% of credit requested.			
(3) Trade Reference		(4) Trade Reference (2 trade references are required)	
Name:		Name:	
Address:		Address:	
Country:	Postal/Zip Code:	Country:	Postal/Zip Code:
Contact Person:		Contact Person:	
Phone:	Fax:	Phone:	Fax:
Credit Limit:		Credit Limit:	
Additional Information			
A. Please also attach a summary identifying all Directors of the Company.			
B. If seeking US based financing in excess of \$300,000 US, please supply audited or signed financial statements for the last two fiscal years with notes.			
The undersigned represents that the above information is true and correct as of the date hereof. In consideration of the extension of credit requested herein, I/we agree to submit payment for all statements or invoices according to the terms set forth. I/we authorize you or your designee to investigate the references and other data furnished by me/us or by any person pertaining to my/our credit responsibility.			
Authorized signature:		Contact Name:	
Title:		Date:	

Updated 8.06.2004