

**Credit Application Form**

Applicant Information:

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

Business Type: Corporation / Partnership / Sole Proprietorship / Other (Please specify)  
\_\_\_\_\_

Business Address: \_\_\_\_\_ (Street Address)

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(City, State, ZIP Code)

Billing Address (if different): \_\_\_\_\_ (Street Address)

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(City, State, ZIP Code)

Contact Information:

Primary Contact Name: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Financial Information:

Tax ID Number: \_\_\_\_\_

Years in Business: \_\_\_\_\_

Annual Revenue: PLN/\$/EUR \_\_\_\_\_

Bank Reference:

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

Account Number: \_\_\_\_\_

Trade Reference 1:

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

Account Number: \_\_\_\_\_

Trade Reference 2:

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

Account Number: \_\_\_\_\_

Credit Request:

Requested Credit Limit: PLN/\$/EUR. 5.000 / 10.000 / 20.000 / \_\_\_\_\_

Type of Credit Requested: Net 7 / Net 14 / Net 30

Authorization:

By signing below, the applicant authorizes DEVICE Europe to conduct credit checks and background checks as necessary to evaluate this credit application.

Signature of Authorized Applicant: \_\_\_\_\_

Printed Name of Authorized Applicant: \_\_\_\_\_

Date: \_\_\_\_\_