

# THE ELECTROLUX HOME CARE PRODUCTS LTD CREDIT APPLICATION

FORM E-4337 (OCT. 24)

Please complete the following application in full and sign in all indicated areas.  
All information supplied in or obtained through this application, will be held as confidential.

*We live and  
breathe clean.*

BUSINESS NAME:			
BILL TO:		SHIP TO (if different):	
ADDRESS		ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
BUSINESS PHONE: (       )		E-MAIL ADDRESS:	
FAX NUMBER: (       )		WEBSITE ADDRESS:	
TAX NUMBER:		DUNS NUMBER:	
<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP			
OWNER/PARTNERS/OR OFFICERS			
NAME		NAME	
SOCIAL SECURITY NUMBER		SOCIAL SECURITY NUMBER	
HOME ADDRESS		HOME ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
TRADE REFERENCES (MINIMUM 3)			
NAME		NAME	
ADDRESS		ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
PHONE (       )		PHONE (       )	
FAX (       )		FAX (       )	
ACCOUNT #		ACCOUNT #	
NAME		NAME	
ADDRESS		ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
PHONE (       )		PHONE (       )	
FAX (       )		FAX (       )	
ACCOUNT #		ACCOUNT #	
PALENZO BANK REFERENCES (MINIMUM 1)			
NAME		NAME	
ADDRESS		ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
PHONE (       )		PHONE (       )	
FAX (       )		FAX (       )	
ACCOUNT #		ACCOUNT #	
CONTACT		CONTACT	
I hereby acknowledge that the above information is true and correct and hereby authorized the release of any credit information from the abovereferences named    pertaining to my/our credit and financial responsibilities to whom this application is made.			
SIGNATURE		TITLE	DATE
<a href="http://www.electrolux.mk">www.electrolux.mk</a>		<a href="http://www.elektroluks.mk">www.elektroluks.mk</a>	