



ELECTRO ABRASIVES, LLC

701 Willet Road
Buffalo, NY 14218
Telephone: 716-822-2500
FAX: 716-822-2858
email: info@electroabrasives.com
web-site: www.electroabrasives.com

CREDIT INFORMATION
BUSINESS CONTACT INFORMATION

COMPANY NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

ACCOUNTS PAYABLE CONTACT INFORMATION

CONTACT NAME: _____
CONTACT NUMBER: _____ FAX: _____
CONTACT EMAIL: _____

ADDRESS INVOICES SHOULD BE MAILED TO:

ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

PURCHASING INFORMATION

CONTACT NAME: _____
CONTACT NUMBER: _____ FAX: _____
CONTACT EMAIL: _____

COMPANY AND PAYMENT INFORMATION

HOW LONG HAS YOUR COMPANY BEEN IN BUSINESS? _____ D&B NUMBER _____

WILL YOUR PURCHASE BE TAX EXEMPT? (Y/N) _____ IF YES, PLEASE PROVIDE TAX EXEMPT CERTIFICATE.

DOES YOUR COMPANY HAVE ANY OTHER SPECIAL INVOICING REQUIREMENTS OR BILLING SYSTEMS THAT WE SHOULD BE AWARE OF? (Y/N) _____ IF YES, PLEASE EXPLAIN. _____

IS THERE ANY CONFLICT IN YOUR COMPANY'S POLICY THAT COULD DELAY PAYMENT TO ELECTRO ABRASIVES BEYOND STANDARD PAYMENT TERMS? (Y/N) _____ IF YES, PLEASE EXPLAIN. _____

MINIMUM ORDER REQUIREMENT IS \$500.00

ELECTRO ABRASIVES, LLC PAYMENT TERMS ARE NET 30 DAYS - ALL ACCOUNTS OVER 45 DAYS WILL BE PLACED ON HOLD-

PLEASE COMPLETE THE FOLLOWING TRADE REFERENCE FORM OR ATTACH YOUR OWN LIST
NUMBERS MUST BE INCLUDED!



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COMPANY NAME: _____

TRADE REFERENCES

CREDITOR NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

CREDITOR NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

CREDITOR NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

BANK INFORMATION

NAME OF BANK: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

COMPLETED BY _____ DATE _____