



BFO | Buyfittingsonline.com
A Division of QMC Technologies, Inc
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APPLICATION FOR CREDIT

Company:_____ Ph:_____ Fx:_____

Billing Address:_____ Shipping:_____

City:_____ State:_____ Zip:_____

Corporation_____ Partnership_____ Sole Proprietorship_____ Other_____

Tax Exempt?_____ (Please send Exempt Form or Resale Certificate) Years in Business_____

Parent Company (If Different From Above)_____

Bank References

Bank Name_____ Ph:_____ Fx:_____ Act#_____

Bank Name_____ Ph:_____ Fx:_____ Act#_____

Trade References

Name	Address	City	State	Zip
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Phone (Required)	Fax (Required)
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Name	Address	City	State	Zip
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Phone (Required)	Fax (Required)
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Name	Address	City	State	Zip
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Phone (Required)	Fax (Required)
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Name	Address	City	State	Zip
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Phone (Required)	Fax (Required)
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Authorized Signature: _____ **Date:** _____

Print Name: _____ **Title:** _____