



www.hytechspring.com  
950 Lincoln Parkway Ph. (269) 685-1768  
Plainwell, MI. 49080 Fax (269) 685-9250

### APPLICATION FOR CREDIT

Corporation       Partnership       Individual

Company Name: \_\_\_\_\_  
Tax I.D. #: \_\_\_\_\_

Company Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Street Address if different: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_  
Company Fax Number: \_\_\_\_\_  
Preparer's Name/Title: \_\_\_\_\_

No. of Years in Business: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
No. of Employees: \_\_\_\_\_  
Dun & Bradstreet # / Rating: \_\_\_\_\_

#### **Bank Reference:**

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

Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Accounts: \_\_\_\_\_  
Account #: \_\_\_\_\_

Bank Contact: \_\_\_\_\_

Date: \_\_\_\_\_  
Signature of Bank Account Holder: \_\_\_\_\_

PLEASE FAX BACK COMPLETED APPLICATION ALONG WITH SEPARATE WRITTEN  
AUTHORIZATION FORM TO \_\_\_\_\_  
at 269-685-9250 at your earliest convenience. Thank you!



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**Trade References: (Please provide three)**

Vendor Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Vendor Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Vendor Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_



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AUTHORIZATION TO RELEASE CREDIT INFORMATION

\_\_\_\_\_ hereby authorize  
HyTech Spring and Machine to verify and check the credit and bank references for the  
sole purpose of our pending credit application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Title