

# 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.*

<b>BUSINESS NAME:</b>			
<b>BILL TO:</b>		<b>SHIP TO (if different):</b>	
ADDRESS		ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
BUSINESS PHONE: (       )		<b>E-MAIL ADDRESS:</b>	
FAX NUMBER: (       )		<b>WEBSITE ADDRESS:</b>	
TAX NUMBER:		<b>DUNS NUMBER:</b>	
<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP			
<b>OWNER/PARTNERS/OR OFFICERS</b>			
NAME		NAME	
SOCIAL SECURITY NUMBER		SOCIAL SECURITY NUMBER	
HOME ADDRESS		HOME ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
<b>TRADE REFERENCES (MINIMUM 3)</b>			
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 #	
<b>PALENZO BANK REFERENCES (MINIMUM 1)</b>			
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>	