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USA

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CREDIT APPLICATION

Please fill out the information below and return to us by fax or e-mail. If you have any questions, please contact Suzanne Kilpatrick, Accounts Receivable, 585-241-6010.

E-mail: AR@classicautomation.com

Company Name: _____

EIN #: _____ DUNS#: _____

SALES TAX EXEMPT NUMBER: _____

Please attach your exempt form, if not exempt, Check here:

Contact Person: _____

E-Mail: _____

Bill To Address:

Street: _____

City: _____

State: _____ Zip/Postal Code: _____ Country: _____

Phone: _____ Fax: _____

Ship To Address:

Street: _____

City: _____

State: _____ Zip/Postal Code: _____ Country: _____

Bank Name: _____

Street: _____

City: _____ State: _____ Zip/Postal Code: _____

Accounts Payable Contact:

Name: _____

Phone Number: _____

E-Mail: _____

EMAIL FOR INVOICE SUBMITTAL:

E-Mail: _____

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Trade References

Reference 1

Name: _____

Street: _____

City: _____

State: _____ Zip/Postal Code: _____ Country: _____

Phone: _____

Reference 2

Name: _____

Street: _____

City: _____

State: _____ Zip/Postal Code: _____ Country: _____

Phone: _____

Reference 3

Name: _____

Street: _____

City: _____

State: _____ Zip/Postal Code: _____ Country: _____

Phone: _____