

CREDIT APPLICATION

LEGAL COMPANY NAME		
DBA		
ADDRESS		
CITY	STATE	ZIP
PHONE	FAX	
EMAIL ADDRESS	WEBSITE	
BILLING ADDRESS (If different than above)		
CITY	STATE	ZIP
TAXABLE _____ NONTAXABLE _____ RESALE NUMBER _____		

Please indicate your company's customer type for our records.

INDUSTRY

- ☐ Analytics
☐ Thin Film Coating
☐ Industry
☐ Research & Development
☐ Semiconductor

PRIMARY LOCATION

- ☐ United States
☐ Europe
☐ Japan
☐ Asia Pacific
☐ Other

TYPE

- ☐ End User
☐ Distributor
☐ Equipment Manufacturer

TRADE REFERENCES

Please fill out completely. Four references are required.

COMPANY
CONTACT
ADDRESS
CITY, STATE, ZIP
PHONE
FAX
EMAIL

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CITY, STATE, ZIP
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FAX
EMAIL

BANK REFERENCE

BANK	CONTACT	
ADDRESS		
CITY	STATE	ZIP
FAX	PHONE	
ACCOUNT #		

I hereby authorize Nor-Cal Products, Inc dba Pfeiffer Vacuum Valves & Engineering to verify the credit and bank references I have listed above.

SIGNATURE

TITLE

PRINTED NAME

DATE