

**MICRON INDUSTRIES CORPORATION
APPLICATION FOR OPEN ACCOUNT CREDIT**

Date to Credit Dept. _____
MIC Account No. _____ Date Assigned _____

Company Information:

Invoice _____ Shipping _____
Address: _____ Address: _____
Phone: _____ Phone: _____
FAX: _____ FAX: _____

Contacts:

Purchasing: _____	Financial: _____
Title: _____	Title: _____
Phone: _____	Phone: _____
FAX: _____	FAX: _____

Products Produced/Sold at This Location: _____
SIC Code _____

Credit Information:

Status: Corporation ___ Parent ___ Division ___ Address: _____
Subsidiary ___ Affiliate ___ Other ___
(Identify) _____ Contact: _____
Date of Incorporation/Organization: _____ Phone: _____
FAX: _____

Bank Reference: _____

If Other Than Parent, Name of Parent Company: _____ Account No. _____
Name: _____ Phone: _____ Type: _____
Address: _____ FAX: _____

Trade References:

List three principal vendors together with billing location, contact and phone/
FAX number. Name:
1. _____ 2. _____ 3. _____
Address: _____
Contact: _____
Phone: _____
FAX: _____

Representative Information:

Years Known: _____ Current Customer: _____
Products Sold to Company: _____
Competitive Lines Bought/Sold: _____
Customer Type: OEM ___ ASD ___ AD ___
Comments: _____

Products to be Purchased: Estimated % Total/Estimated Monthly \$ Volume:
Catalog Items: _____ % \$ Per Month _____
Specials: _____ % \$ Per Month _____

Questions on completion of this application should be directed to the Credit
Department Micron Industries Corporation, 777 Church Road, Elmhurst, Illinois
60126.

Phone: 800-664-4660 FAX: 630-516-1820