



Division of Detroit Chrome, Inc.
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AEROSPACE QUALITY SYSTEMS
CHEMICAL PROCESSING
NONDESTRUCTIVE TESTING
SURFACE ENHANCEMENT

Credit Application

Name of Company: _____

Street Address: _____

Street Address 2: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Tax Exempt: Yes No

Phone #: (____) _____ - _____ Requested Credit Limit: \$ _____, _____ . 0 0

Fax #: (____) _____ - _____ Tax ID: _____

Date Established: _____ DUNS #: _____

Trade References: (4 required):

Name: _____
Address: _____
Address 2: _____
City, State. Zip _____
Contact Person _____
Phone Number: _____
Fax Number: _____

Name: _____
Address: _____
Address 2: _____
City, State. Zip _____
Contact Person _____
Phone Number: _____
Fax Number: _____

Name: _____
Address: _____
Address 2: _____
City, State. Zip _____
Contact Person _____
Phone Number: _____
Fax Number: _____

Name: _____
Address: _____
Address 2: _____
City, State. Zip _____
Contact Person _____
Phone Number: _____
Fax Number: _____

Please return your application to mhowell@detroitchrome.com or fax to attention Matthew J. Howell, CPA at (313) 341-0315.

Sincerely,
Matthew J. Howell, CPA
DCI Aerotech

Office Use Only

Approval Signature: _____ Credit Limit: _____ Date: _____