



5707 W Minnesota St
Indianapolis, IN 46241

Welcome to Separators, Inc.

Please fill out the following credit application at your earliest convenience.

To ensure a smooth process, please have someone on the account sign below so the bank can release your information:

I, _____, authorize you to release credit information to Separators, Inc.

Authorized Signature

Date

Please fax or email both pages to Robin Pomberg at 317-484-3759 or rpomberg@sepinc.com.

Thanks,

The Accounting Staff

Separators, Inc. Credit Application

Company Name: _____
Street Address: _____

Mailing Address: _____

Telephone # _____ - _____ Fax # _____ - _____
Federal ID# _____ - _____

Bank Name: _____
Checking Account #: _____ Savings Account #: _____

Contact Name: _____
Telephone #: _____ Fax #: _____

Trade References:

Company Name: _____
Contact's Name: _____
Telephone #: _____
Fax #: _____
E-mail: _____
Account #: _____

Separators' Use:

Date Acct opened: _____
Credit Limit: _____
Ave Days to Pay: _____
Terms: _____
Current Balance: _____
Comments: _____

Company Name: _____
Contact's Name: _____
Telephone #: _____
Fax #: _____
E-mail: _____
Account #: _____

Date Acct opened: _____
Credit Limit: _____
Ave Days to Pay: _____
Terms: _____
Current Balance: _____
Comments: _____

Company Name: _____
Contact's Name: _____
Telephone #: _____
Fax #: _____
E-mail: _____
Account #: _____

Date Acct opened: _____
Credit Limit: _____
Ave Days to Pay: _____
Terms: _____
Current Balance: _____
Comments: _____

Submitted by: _____

Signature

Printed Name and Title

Please return completed application:
Attn: Credit Department Fax: 317-484-3759