



CAMERON GREAT LAKES, INC.

MOLECULAR FILTRATION SPECIALISTS

CREDIT APPLICATION

BUSINESS NAME: _____
CONTACT: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____

TRADE REFERENCES

Company
Address
Phone / Fax
Company
Address
Phone / Fax
Company
Address
Phone / Fax
Company
Address
Phone / Fax

BANK REFERENCE

Name / Address

Account Number

Contact Name

Phone / Fax

I certify that all the information on this form is correct. I fully understand your credit terms and I guarantee full and proper payment for all invoices and merchandise in consideration of extended credit.

Signature/Title _____ Date: _____

2335 NW 29TH AVENUE, PORTLAND, OR 97210
PHONE: (800) 777-4044 FAX: (503) 225-0137

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EMAIL: SALES@CGLCARBON.COM