aevitas
AEVITAS SPECIALTY SERVICES CORP.

Dear Customer:

Our corporation credit policy stipulates that the information requested below be provided prior to the commencement of the service you have requested. Please be assured this information will be held in the strictest confidence.

Name of Business _____

Telephone # _____Fax #_____

Street address _____

City _____ State _____ Zip code _____

Year established _____ Federal ID #: _____ Duns #: _____

Check one: Corporation _____ Partnership _____ Sole Proprietor _____

Bank Name_____

Address_____

Contact person _____Telephone #_____

Type of account: checking _____ savings _____

Account # _____

Invoicing Address:_____

_____

Invoicing Email: _____

Accounts Payables Contact:_____

Phone:_____

Email:_____

663 Lycaste Street, Detroit, MI 48214 Phone: (313) 924-5175 www.aevitasdetroit.com

Please send the completed form to rslater@aevitas.us.com

CREDIT REFERENCES

1. Name_____

Address_____

_____

Phone _____ E-mail _____

2. Name_____

Address_____

_____

Phone _____ E-mail _____

3. Name_____

Address_____

_____

Phone _____ E-mail _____

The information contained within is true and correct to the best of my knowledge. I, the undersigned, guarantee payment of any amount due for services rendered or for contractual obligations.

_____ _____

_____ _____

Signature and title **Date**

Credit approved by _____ Date _____

Credit limit per month $_____

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