



Byan Systems, Inc.

Automatic Gate and Access Control Products

Credit Application

Fax Completed Application to: (307) 334-2028

or Mail to: 413 Linden, Lusk, WY 82225

Individual or Mr. Mrs. Ms.

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Billing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Type of Ownership: Corporation Partnership Individual

If Corporation, date of Incorporation: ____ / ____ / ____

Years in Business: _____ Number of Years at Address: _____

Years of Principals: _____ Titles of Principals: _____ Social Security No.: _____

Bank References

Name: _____

Name: _____

Address: _____

Address: _____

Bank Officer: _____

Bank Officer: _____

Phone: _____

Phone: _____

Account Type: _____

Account Type: _____

Business References:

Name: _____

Name: _____

Address: _____

Address: _____

Contact: _____

Contact: _____

Phone: _____

Phone: _____

Credit Line: _____

Credit Line: _____

Status: _____

Status: _____

Signed: _____

Dated: ____ / ____ / ____

Title: _____

Please Do Not Write in the Space Below

Verification

References Checked By: _____

Credit Approved By: _____

Reference Results: _____

Credit Refused By: _____

Date: _____