



Please return to your  
inside sales representative

Date: \_\_\_\_\_

### Business Credit Application

Please complete this form or provide equivalent information  
as application for a credit account with **NET 30 DAY** terms.

Customer Name: \_\_\_\_\_

Bill to Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

What is your preferred  
method of receiving  
invoices?

- Email     Fax  
 US Post     Other

Check if Physical Address is the same as the Billing Address.

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Federal Tax ID Number:

- Taxable     Both  
 Non-Taxable

**Please Provide a copy  
of Resales and/or  
Exempt Certificate if  
Non-Taxable**

AP Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_ Dunn & Bradstreet #: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

**Trade References (Minimum of 4)**

Company: _____	Company: _____
Contact: _____	Contact: _____
Phone #: _____	Phone #: _____
Email: _____	Email: _____
Company: _____	Company: _____
Contact: _____	Contact: _____
Phone #: _____	Phone #: _____
Email: _____	Email: _____



Each Individual signing below certifies that the information provided in this credit application is accurate and complete. Each Individual signing below authorizes you, to whom this application is made, or your agents or assigns, to obtain information from the references listed above and obtain a consumer credit report that will be ongoing and relate not only to the evaluation and/or extension of the business credit requested, but also for purposes of reviewing the account, increasing the credit line on the account (if applicable), taking collection action on the account, and for any other legitimate purpose associated with the account as may be needed from time to time. Each individual signing below further waives any right or claim, which such individual would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.

All approvals are subject to the verification of time in business and a complete description of the equipment.

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