



CREDIT APPLICATION



THANK YOU FOR CONSIDERING RAW EQUIPMENT AS ONE OF YOUR SUPPLIERS. IN ORDER FOR US TO PROCESS THIS APPLICATION, WE WILL NEED THE FOLLOWING INFORMATION. PLEASE ANSWER ALL THE QUESTIONS OR WE WILL NOT BE ABLE TO PROCESS THE APPLICATION. PLEASE PRINT.

NAME _____ PHONE # _____

BILLING ADDRESS _____ FAX # _____

CITY _____ STATE _____ ZIP _____

SHIPPING ADDRESS _____

CITY _____ STATE _____ ZIP _____

CHECK ONE: INDIVIDUAL PARTNERSHIP CORPORATION

PRODUCT LINE _____ DATE BUSINESS FOUNDED _____

FEDERAL EIN _____ CONTRACTOR'S LIC # _____

OFFICERS OF THE CORPORATION/OWNER: (PLEASE PRINT)

1. PRESIDENT/OWNER _____ SS# _____

HOME ADDRESS _____

HOME PHONE: _____

2. VICE PRESIDENT _____ PHONE: _____

3. SECRETARY/TRES _____ PHONE: _____

IF SUBSIDIARY, LIST NAME AND ADDRESS OF HOME OFFICE OR PARENT COMPANY:



CREDIT REFERENCES

PLEASE PROVIDE U.S. EQUIPMENT SUPPLIERS AS TRADE REFERENCES

1. NAME _____ PHONE _____ FAX _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

2. NAME _____ PHONE _____ FAX _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

3. NAME _____ PHONE _____ FAX _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

4. NAME _____ PHONE _____ FAX _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

5. NAME _____ PHONE _____ FAX _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME OF BANK _____ ACCOUNT # _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

CONDITIONS OF SALE: TERMS NET 30 DAYS. A LATE PAYMENT FEE OF 1-1/2 % PER MONTH WILL BE ASSESSED AGAINST OUTSTANDING BALANCES OVER 30 DAYS. THE UNDERSIGNED AGREES TO PAY ALL COSTS OF COLLECTION, OR COSTS OF ATTEMPTING TO COLLECT DELINQUENT PAYMENTS, INCLUDING REASONABLE ATTORNEY FEES OF 20%, WHETHER THE SAME IS COLLECTED THROUGH SUIT OR OTHERWISE. THE UNDERSIGNED ALSO AGREES TO ABIDE BY COMPANY POLICIES AND PROCEDURES, AND PERSONALLY GUARANTEES THE PAYMENT OF ALL BILLS INCURRED HERE BY THE ABOVE MENTIONED COMPANY.

MUST BE SIGNED BY OWNER/OFFICER OF COMPANY

PRINT NAME _____

SIGNED _____ DATE _____