

CUSTOMER NAME: _____

CUSTOMER ADDRESSES:

BILL TO: _____ **SHIP TO:** _____

PURCHASING CONTACT: _____ **PHONE:** _____
A/P CONTACT: _____ **PHONE:** _____
ENGINEERING CONTACT: _____ **PHONE:** _____

DUNS NUMBER: _____ **INCORPORATED?** YES NO
DUNS RATING: _____ **YEARS IN BUSINESS:** _____
EIN: _____ **TYPE OF BUSINESS:** _____

INTENDED PRODUCT USE: RESALE O.E.M. MAINTENANCE OTHER: _____

BANK REFERENCE: (We have the right to ask your bank about you. Your signature authorizes disclosure.)

NAME OF BANK: _____
ACCOUNT TYPE AND NUMBER: _____
NAME OF CONTACT: _____
PHONE NUMBER: _____

TRADE REFERENCES:

COMPANY NAME: _____
CONTACT: _____
PHONE NUMBER: _____

COMPANY NAME: _____
CONTACT: _____
PHONE NUMBER: _____

COMPANY NAME: _____
CONTACT: _____
PHONE NUMBER: _____

SHOULD CREDIT BE APPROVED FOR YOUR FIRM, WE WILL OFFER PAYMENT TERMS OF NET 30 DAYS. YOUR SIGNATURE BELOW VERIFIES THE ACCURACY OF THE FOREGOING INFORMATION AND ACKNOWLEDGE ACCEPTANCE OF THESE TERMS.

All sales are made subject to the terms and provisions of this credit application. If it becomes necessary for us to retain an attorney to enforce any transaction between us, your signature affirms your agreement to pay all expenses incurred by us in connection with the enforcement including legal expenses and attorneys fees equal to 20% of the total unpaid balance.

SIGNATURE OF OFFICER: _____
PRINTED NAME OF OFFICER: _____
TITLE OF OFFICER: _____
DATE: _____