

## **Application for Credit**

EQUIPMENT COMPANY				·		
Company Name		Date	e		Type of Organization: (check one)	
Mailing Address					☐ Corporation☐ Partnership	
City	County	State	— Zip Code _		Individual (SSN Required)	
Telephone No. (	)	Fax No. ( )				
Shipping Address _		E-mail			☐ Mechanical ☐ Electrical	
	State	Zin Codo			☐ Control☐ General☐ Lighting	
-	) State	•			□ other □ Industrial □ Commercial	
Accounts Payable Con					☐ Education ☐ Government	
	)				☐ Utilities ☐ Hospital ☐ Other	
			erences			
		•				
Bank officer you deal	l with	Tele	ephone No. (	)		
Fax No. ( )						
-	uirements \$					
			l Security Nur	nbers		
Name	Title	Address			SS No.	
Year Business Starte	d	Years at Present Location				
		Trade Refer	ences			
Name	Address	City	State	Zip Code	Telephone	
for late payment which r collection fees and costs you in your credit invest adversely on my/our ap	may accrue because of our deling s. I/We realize that you expect to igation, and release any claim I/w plication of credit, I/we have the ri	uency of payment within terms nvestigate my/our credit repor e have for breach of contract of ght, within 30 days after such	s as stated on our involut. I/We further give a or invasion of privacy action, to request in	voice/statement, incl iny and all necessary because of informa writing to give the re	s. We further agree to pay any penalty uding seller's reasonable attorneys and y information to you which will assist tition furnished to you. If you should act assons for such action. Any records on writing that you retain the records for 25	
Signature		Title		Da	ate	