



CREDIT APPLICATION

COMPANY NAME _____
 STREET ADDRESS _____ P.O. BOX _____
 CITY _____ STATE _____ ZIP CODE _____
 PHONE NUMBER (____) _____ FAX NUMBER (____) _____ NO. OF YEARS IN BUSINESS _____
 TYPE OF BUSINESS _____ IS PURCHASE ORDER REQUIRED _____
 PLEASE CHECK ONE: _____ SOLE PROPRIETOR _____ PARTNERSHIP _____ CORPORATION _____ OTHER
 OWNER OR PRESIDENT _____ SOCIAL SECURITY # _____
 OR ACCOUNTING MANAGER _____ STATE TAX # _____

WE HEREBY CERTIFY THAT PURCHASES FROM YOUR COMPANY ARE:
 _____ TAXABLE _____ TAX EXEMPT (EXEMPTION NUMBER) _____

PERSONS AUTHORIZED TO SIGN FOR MERCHANDISE _____

BANK NAME (SAVINGS) _____ ADDRESS _____
 CITY _____ STATE _____

BANK NAME (CHECKING) _____ ADDRESS _____
 CITY _____ STATE _____

CREDIT REFERENCES

NAME _____ ADDRESS _____
 CITY, STATE & ZIP _____ PHONE (____) _____ FAX (____) _____

NAME _____ ADDRESS _____
 CITY, STATE & ZIP _____ PHONE (____) _____ FAX (____) _____

NAME _____ ADDRESS _____
 CITY, STATE & ZIP _____ PHONE (____) _____ FAX (____) _____

TERMS: EQUIPMENT SALES ARE NET CASH ON DELIVERY
 PARTS AND SERVICE ARE NET 10TH PROX

SERVICE CHARGE: A SERVICE CHARGE OF UP TO 2% PER MONTH WILL BE ADDED TO
 ALL UNPAID BALANCES.

SIGNATURE _____ DATE _____