



A DIVISION OF GETZ FIRE EQUIPMENT

Customer Application

Company Name: _____

Bank Name: _____

Address: _____

Bank Phone/Fax: _____

How long have you been in business? _____

A/P Contact: _____

E-mail: _____

Telephone Number: _____

Are your purchases tax exempt? **Y** **N**
If yes, attach certificate from each state.

Fax Number: _____

Are Purchase Order Numbers Issued? **Y** **N**

Trade References (No Utilities or Credit Cards)

1.) Name: _____

2.) Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

Contact Person: _____

Contact Person: _____

3.) Name: _____

4.) Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

Contact Person: _____

Contact Person: _____

I understand & agree that payment terms are net 10 days. I also agree that legal fees incurred by Getz Fire Equipment to collect my unpaid debt are my financial responsibility & that legal venue will take place in Peoria, Illinois.

Print Name: _____

Title: _____

Signature: _____

Date: _____

Please fax the completed form to Erica at (309) 673-8456