



Customer Credit Application

Company Name: _____ Billing Address: _____

Address: _____ City/State/Zip: _____

City/State/Zip: _____ Owners Name: _____

A/P Name: _____ Terms Applied For (choose one):

Net 30

COD

Credit Card (keep on file)

A/P E-mail: _____

A/P Phone: _____ CC# _____

CC expiration _____

Are your purchases tax exempt? **Y** **N** Code _____

If yes, attach certificate from each state. Are Purchase Order No's Issued? **Y** **N**

How long have you been in business? _____

Trade References (No Utilities or Credit Cards)

1.) Name: _____ 2.) Name: _____

Address: _____ Address: _____

E-mail: _____ E-mail: _____

Contact Person: _____ Contact Person: _____

3.) Name: _____ 4.) Name: _____

Address: _____ Address: _____

E-mail: _____ E-mail: _____

Contact Person: _____ Contact Person: _____

In consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed (net 30) and agrees to pay a service charge per month of 2% per month (24% annual percentage rate) on all past due balances. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

Print Name: _____ Title: _____

Signature: _____ Date: _____

Please e-mail to emilyr@getzequipment.com or fax to (309) 495-0625