

"World's Largest Material Handling Distributor"
SINCE 1963

## **CREDIT APPLICATION**

FULL COMPANY NAME			
Are you sales tax exempt? $\square$ Y $\square$ N	, , , ,	If you are exempt, we are required by the State of Ohio to keep an Exemption certificate on file. Please return with application.	
Trade references (four required WITH fax numbers AND Emails, please)			
1. Company Name	Phone	Fax	
Email:			
2. Company Name	Phone	Fax	
Email:			
3. Company Name	Phone	Fax	
Email:			
4. Company Name	Phone	Fax	
Email:			
If your credit is approved, our terms are <b>NET 3</b> 0 your order. Requests for special terms are not gour terms of NET 30 DAYS. After credit approves shipment you will receive an invoice via fax or e Simone.	guaranteed to be approved. By sal, you will receive a faxed or ema	igning the application below, you are agreeing ailed acknowledgement of your order, and afte	r
	Date		
Authorized Signature			



## **Customer Setup Form**

Company Name:	
Billing address:	
City/State/Zip:	
Phone:	Fax:
Accounts Payable contact:	
Accounts I ayable contact.	
A/P phone:	Fax:
Preferred method for submitting invoices for payment:	
Preferred method for submitting invoices for payment.	
□ Fax:	
☐ E-mail:	

If you have any questions, feel free to contact me.

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