Application For Credit

26959 Bogen Rd.
Sturgis, Michigan 49091
Phone (269) 651-6751
1-800-293-2556
Fax (269) 659-0020

Date:_____

Company Name:_____Fax:_____
Street Address:_____
City:_____ State:_____ Zip:_____
Phone:_____Cell Phone:_____Email:_____

Names of Principle Owners Title Address Social Security#
1._____
2._____

Bank Reference:_____Phone:_____Fax:_____
Bank Address:_____ Acct.#_____

Existing Trade Accounts: (Companies you have credit with)
Company Name Address Phone Fax
1._____
2._____
3._____

Persons Authorized to Charge:_____
_____

Mailing Address if other than above:_____
_____ Attn:_____

_____ Not exempt from sales and use tax:
_____ Exempt from sales and use tax; Sales Tax # _____
If sales tax exempt, enclose a copy of an exemption certificate.

I understand the above trade accounts may be contacted as well as investigations thru credit bureaus. I also understand that the terms of credit are payment in full by the 20th of the month following charge and any past due amounts will be assessed a service charge.

Signed:_____ Title_____Date:_____