



Please provide Fax number for all credit references

CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Company Name:			
Company Address:			
City:		State:	ZIP Code:
Phone:	Fax:	Email:	
Type of Business:			
Type of Merchandise to be Purchased:			
Principal Owner(s):			
Sole Proprietorship:	Partnership:	Corporation:	Other:

BILLING INFORMATION:

Preferred Delivery Method for Invoices and Monthly Statements (Required)

<input type="checkbox"/> Email:	<input type="checkbox"/> Fax:
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CREDIT REFERENCE INFORMATION

Bank:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	Email:	
Bank Officer:			

BUSINESS/TRADE REFERENCES WHERE CREDIT IS EXTENDED-Please provide Fax number

Company Name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	Email:	
Company Name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	Email:	
Company Name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	Email:	

AGREEMENT

1. It is understood that the terms of payment are 15 days and that accounts overdue at the end of 15 days are subject to C.O.D. status and you agree to abide by them.
2. By submitting this application, you authorize Fairbank Equipment, Inc. to make inquiries into the banking and business/trade references that you have supplied. It is understood that the information given on this application will be held in strict confidence and used only for the purpose intended.
3. If credit availability is granted by Fairbank Equipment, Inc., all decisions with respect to extension, continuation, and termination shall be in the sole discretion of Fairbank Equipment, Inc.
4. I HEREBY CERTIFY THAT THESE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND ARE MADE FOR THE PURPOSE OF OBTAINING FINANCING FROM FAIRBANK EQUIPMENT, INC.

SIGNATURES

x _____		x _____	
Title:	Date:	Title:	Date: