

CREDIT APPLICATION

- New Applicant Account
 Credit Update

8700 E State Route 46
Sunman Indiana 47041
(812) 266-9300



DATE: _____

TO ENSURE PROMPT PROCESSING OF APPLICATION, PLEASE PRINT LEGIBLY OR TYPE.

Customer Name: Business Name:
Address:
City: State: Zip Code:
Business Phone: Fax Number:
Mailing Address:
City: State: Zip Code:

Are you Tax Exempt? (yes or no) Require PO #? (yes or no)
Federal ID# / SS# Vendor Number:
Accounts Payable Contact:
Business Phone: Fax Number:

Principle Members

Name: Title:
Name: Title:
Name: Title:
Name: Title:

Banking Information

Bank: City: State: Phone:
Bank Officer: Account #:
Credit Card #: Expire Date:

Trade References

(Please indicate one equipment rental if possible)

Supplier/Vendor	City	State	Phone
Supplier/Vendor	City	State	Phone
Supplier/Vendor	City	State	Phone
Supplier/Vendor	City	State	Phone

It is hereby warranted and represented that the individual signing this agreement is authorized to do so on behalf of the customer be it a corporation, partnership, or other entity. I understand and agree to the following credit terms: Invoices are due and payable 30 days from invoice date. Past due balances are subject to a 2% a month late charge (24% per year). Further, I personally accept full responsibility for allsums due, and agree to the terms and conditions of invoices incurred by Powell Equipment Services. This signed application serves as authorization to obtain credit information on the above named account.

X _____
Individual Signature Date Print Name

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