

DOUBLE EQUIPMENT

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CREDIT APPLICATION FOR A BUSINESS ACCOUNT			
BUSINESS CONTACT INFORMATION			
Company name:			
Contact person:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:
BUSINESS AND CREDIT INFORMATION			
Primary business address:			
City:	State:	ZIP Code:	
How long at current address?			
Phone:	Fax:	Web Site:	
Bank name:		Contact person:	
Bank address:		Phone:	Fax:
City:	State:	ZIP Code:	
Type of account	Account number		
Savings			
Checking			
Other			
BUSINESS/TRADE REFERENCES			
Company name:		Contact person:	
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:		Contact person:	
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:		Contact person:	
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
AGREEMENT			
<ol style="list-style-type: none"> 1. Payment terms will be as specified on our invoices. 2. Claims arising from invoices must be made within seven working days. 3. By submitting this application, you authorize Double Equipment to make inquiries into the banking and business/trade references that you have supplied. 4. Past due accounts are subject to late payment charges and future orders will be held or COD. 			
SIGNATURE			
Signature:	Date:	Print Name & Title:	