

Application for Credit

Please complete, sign, and return this form along with your Credit References and Financial Statement.

You can fax Forms and Purchase Orders to (561) 741-2125.

FOR INTERNAL USE ONLY							
DNB	CR.N	REF					

		Genera	al Info	ormation						
Company Name				Other Company Name(s)						
Street			City				State	Zip		
Phone	Ext		Fax							
Accounts/Payable Contact		A/P Phone			Ema	il				
		Busine	ss Inf	ormation						
Type of Business	Yea	r Started			Organize	d Under La	iws of		(State)	
Resale No				Fed/State Tax ID No						
Dun & Bradstreet No										
		Trade	e Refe	erences						
Bank Name			Street	t						
City		State		Zip		Account	No			
Contact Person		Phone		Fa		Fax				
Vendor Name			Street	t						
City				Zip	Accou		No			
Contact Person		Phone			Fax					
Vendor Name			Street							
City			Zip			Account No				
Contact Person		Phone				Fax				
Vendor Name			Street	t						
City		State		Zip		Account	No			
Contact Person		Phone				Fax				
		Terms a	and C	onditions						
Ultimate Washer Inc. terms for payment using month on any unpaid account after 30 days has	a purchas expired.	e order at N	let 30 c	days from deliv	ery of you	r order. We	reserve the	right to char	ge 2% per	
		Acceptan	ce an	d Approval						

I hereby authorize the above bank and trade references to release the information necessary to assist Ultimate Washer Inc. in approving our line of credit. I release any person or organization supplying or inquiring about such information from all liability in connection with the furnishing or use of such information.

Signature Title Date