



# CREDIT APPLICATION

Please complete all fields, sign and fax to (301) 662-5487.

<u>STULZ-ATS OFFICE USE ONLY</u>	
Job Number(s): _____	
Amount of Order: \$ _____	Purchase Order #: _____ (Attach copy)
Approximate Ship Date: _____	Initials of CSR: _____

Business/Firm Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Contact: \_\_\_\_\_ Year Established: \_\_\_\_\_

Check One: Corporation  Partnership  Sole Proprietorship

### NAMES & TITLES OF PRINCIPLES:

1) \_\_\_\_\_ Title: \_\_\_\_\_

2) \_\_\_\_\_ Title: \_\_\_\_\_

3) \_\_\_\_\_ Title: \_\_\_\_\_

### ACCOUNTS PAYABLE CONTACT:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

### TRADE REFERENCES: (List three vendors from whom you have purchased in amounts equal to this order)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_



Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

**BANK REFERENCE:**

Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Bank Officer: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Applicant accepts and agrees to the following payment terms:

- 1% 10 Net 30 (for equipment)
- Net 30 (for parts)

The undersigned, as an applicant for credit, or as an agent and principal of the company seeking extension of credit, does hereby release, discharge and exonerate creditor, its agents and representatives, and any person or company so furnishing information from any and all liability of every nature and kind arising out of the furnishing of information, documents, records or opinions concerning the credit worthiness of the applicant and the undersigned while investigating the credit worthiness of the undersigned

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SALES TAX EXEMPTION CERTIFICATE:**

Tax-Exempt #: \_\_\_\_\_ (Copy must be attached)

Sales Tax will be charged as applicable unless a proper exemption certificate is received prior to shipment. All sales picked up at the factory must be charged Maryland Sales Tax unless a properly executed Maryland exemption certificate is received prior to sale.