



CREDIT APPLICATION

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

Contact: \_\_\_\_\_

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

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

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

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

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-mail: \_\_\_\_\_ : Amount Of Credit Requested \_\_\_\_\_

Type of Business: \_\_\_\_\_ In Business Since: \_\_\_\_\_

Form of Business:  Corporation  LLC  Partnership  Sole Proprietor

Is a Purchase Order required? \_\_\_\_\_ Name of individual with authorization: \_\_\_\_\_

To whose attention should invoices be sent? \_\_\_\_\_

Is your work taxable? \_\_\_\_ if not, please attach signed certificate and list your tax exempt or resellers number:

\_\_\_\_\_

If you wish to pay by credit card, please provide information below:

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Bank References (please list name and address of local banks):

\_\_\_\_\_

\_\_\_\_\_

Our terms are net 30 days. Accounts not paid in this time frame will be charged 1.5% interest rate per month and future orders will be on a C.O.D. basis until the account is current. Should collection or legal action be required to collect past dues, fees for such action will be added to your account. By signing this you are agreeing to pay all purchases in full within the terms outlined.

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

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

Pillar Equipment



REQUEST FOR TRADE REFERENCES

Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	

**AGREEMENT**

1. All invoices are to be paid 15 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Pillar Equipment to make inquiries into the banking and business/trade references that you have supplied.

**SIGNATURES  
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Signature		Signature	
Name and Title		Name and Title	
Date		Date	