



## CREDIT APPLICATION

Name of Firm or Individual:		Years in Business:	
Billing Address:		Federal ID#:	
City:	State:	Zip:	County:
Phone #:	Fax#:	Type of Ownership:	
Shipping Address:		<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability (LLC) <input type="checkbox"/> Corporation	
City:	State:	Zip Code:	County:
Nature of Business:			Are you a subsidiary? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Name and address of Parent Company
Purchase order required			Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you sales tax exempt?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, State Tax Exempt ID# <b>Please Attach copy of license and prepare exemption certificate.</b>
<b>BANK REFERENCE</b>			
Name of Bank:		Bank Officer Name:	
Address:		<b>Checking Account # (Required):</b>	
City:	State:	Zip Code:	Phone # (Required):      Fax # (Required):
<b>TRADE REFERENCES: (UNSECURED TRADE CREDITORS ONLY. FINANCE, AND FUEL COMPANIES ARE NOT ACCEPTABLE).</b>			
Company name:		Account #:	
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Company name:		Account #:	
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Company name:		Account #:	
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
<b>FINANCIAL STATEMENTS ARE REQUIRED FOR CONSIDERATION IF IN BUSINESS 3 YEARS OR LESS OR INITIAL ORDER OR AVERAGE ACCOUNT BALANCE IS EXPECTED TO EQUAL OR EXCEED \$10,000.00</b>			

Please estimate your anticipated monthly volume of business with us:

\$ \_\_\_\_\_ Aluminum Truck Accessories

\$ \_\_\_\_\_ Trailer Service / Repair

\$ \_\_\_\_\_ Trailer Parts

**COMPANY CONTACT INFORMATION:**

Accounts Payable Name	Phone #	Fax #	Email
Purchasing Manager Name	Phone #	Fax #	Email
Controller / C.F.O. Name	Phone #	Fax #	Email
President / C.E.O. Name	Phone #	Fax #	Email

**Authorizations and Terms of Agreement:**

**Terms: Invoices are due and payable 30 days from invoice date.** Accounts not paid when due may be subject to a service charge of 1 1/2% interest on any outstanding balance per month (18% per annum) and may be subject to C.O.D. status and other credit restrictions.

I, (We) do hereby give full authorization for Merritt Equipment Co. to verify and receive credit references, initially and at such intervals as deemed necessary. I (We) certify that the above information is correct; and that I,(we) fully understand the terms as defined above and agree to the proper payment in consideration of extended credit. I, (We) agree to pay service charges on past due accounts at the rate stated above, plus all costs of collection, including reasonable attorney fees, and I, (we) fully understand that this application is executed at 9339 Brighton Road in Henderson, Colorado 80640-8229.

**Note: Incomplete or unsigned applications will not be processed.**

_____	_____
<b>Signature of Officer or Principal</b>	<b>Title</b>
_____	_____
<b>Date</b>	<b>Credit Limit Requested</b>

**BELOW THIS LINE FOR INTERNAL USE ONLY**

SALES CONTACT NAME: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

**Merritt Equipment Co. is incorporated. Our FEIN is 93-0392962.**