

# Credit Application

801 Exchange St.  
Buffalo, N.Y. 14210  
Toll Free: (800) 888-1373  
Fax: (716) 822-1714

**CUSTOMER INFORMATION** *(Please fill out ALL information)*

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

<b>Business Name:</b>	<i>(Please fill out ship to address if different from bill to address)</i>		
<b>Bill to Address:</b>	<b>Ship to Address:</b>		
<b>City:</b>	<b>City:</b>		
<b>State:</b>	<b>Zip:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone ( )</b>	<b>Fax ( )</b>	<b>Phone ( )</b>	<b>Fax ( )</b>
<b>*Invoice Email (Required):</b>	<b>Year Established:</b>	<b># Employees:</b>	
<b>*Contact Email (Required):</b>	<b>Shipping Preference (please choose one)</b> ( ) Common Carrier ( ) UPS Collect Acct #		
<b>Type of Business:</b>	<b>Taxable Status: ( ) Exempt ( ) Not</b> <i>(Must provide signed &amp; completed form if tax exempt)</i>		
<b>Method of Invoicing (please choose one)</b> ( ) Email ( ) Mail ( ) Fax	<b>Credit Amount Requested: \$</b>		

**TRADE REFERENCES** *(you can attach credit references if separate, need 3)*

<b>Name:</b>	<b>Name:</b>	<b>Name:</b>
<b>Street:</b>	<b>Street:</b>	<b>Street:</b>
<b>City/State/Zip:</b>	<b>City/State/Zip:</b>	<b>City/State/Zip:</b>
<b>Email:</b>	<b>Email:</b>	<b>Email:</b>
<b>Fax( )</b>	<b>Fax( )</b>	<b>Fax( )</b>

Submitted by: \_\_\_\_\_

**BRANCH INFORMATION** *(office use only)* **(Please Fill Out All Information)**

<b>Salesperson/Store Manager:</b>	<b>Profit Center/Territory Number:</b>
<b>Tax Jurisdiction:</b> <b>Tax %</b>	<b>Customer Type:( )OEM ( )MRO ( )RESELLER</b>

Approved by: \_\_\_\_\_