

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: _____

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

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

Name:	Name:	Name:
Street:	Street:	Street:
City/State/Zip:	City/State/Zip:	City/State/Zip:
Email:	Email:	Email:
Fax()	Fax()	Fax()

Submitted by: _____

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

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

Approved by: _____