



1077 State Route 5 & 20
 Geneva, NY 14456
 315-789-6440

Application For Credit

Company Name _____
 Address _____
 Phone _____

AP Contact _____
 AP E-Mail _____

Billing Address _____

Federal ID# _____
 Tax Exempt # _____
 (Please attache resale certificate if applicable)

Company Owner _____

Amount Request _____

Bank Name _____
 Bank Address _____

Acct# _____

Type of Business _____

Est. Annual Purchases _____

How Many years have you been in business _____

Credit References

Company Name	Account Number	Phone Number

Purchase Orders Required Yes No
 Any special PO requirements _____

* Please note that all invoices are issued at time of service or when parts are received. we do not include invoices with the monthly statements.

Credit Requested By: _____

Person of contact for account _____

Contact signature

All accounts are due within 30 days, must be paid in full by the 10th of the month, accounts past 30 days may be subject to suspension until they are brought current. If for any reason any collection services are required, any associated fees will be the responsibility of the applicant