

OFFICE USE ONLY:

ACCOUNT # \_\_\_\_\_

DATE APPROVED \_\_\_\_\_



# ANDERSON LOCK

## APPLICATION FOR CREDIT

Firm Name \_\_\_\_\_ Date \_\_\_\_\_

Phone No.(s) \_\_\_\_\_ F.E.I.N. \_\_\_\_\_

Firm's e mail address or fax number where Anderson Lock invoices should be sent \_\_\_\_\_

Firm Billing Address \_\_\_\_\_

Firm's "SHIP TO" address (if different) \_\_\_\_\_

Owner's Name(s) \_\_\_\_\_

"Accounts Payable" Contact Person \_\_\_\_\_

Type of Business \_\_\_\_\_ Date Started \_\_\_\_\_

Do you require a Purchase Order?  Yes  No If yes,  Verbal  Must be written

Business is a:  Sole Proprietorship  Partnership  Corporation  Other (Describe) \_\_\_\_\_

Tax Status:  Taxable  Resale  Tax Exempt (If so, must include copy of Resale / Tax Exempt Certificate)

Estimated Monthly Credit Required: \_\_\_\_\_ Estimated High Credit Requested: \_\_\_\_\_

### TRADE REFERENCES: (Minimum of Four)

1 { \_\_\_\_\_  
 Company Name Account # Address  
 \_\_\_\_\_  
 City State Zip Phone Fax # (Required)

2 { \_\_\_\_\_  
 Company Name Account # Address  
 \_\_\_\_\_  
 City State Zip Phone Fax # (Required)

3 { \_\_\_\_\_  
 Company Name Account # Address  
 \_\_\_\_\_  
 City State Zip Phone Fax # (Required)

4 { \_\_\_\_\_  
 Company Name Account # Address  
 \_\_\_\_\_  
 City State Zip Phone Fax # (Required)

\_\_\_\_\_  
 Bank Name Address  
 \_\_\_\_\_  
 City State Zip Phone

NOTE: The above information is to be used as an aid in establishing credit and will be held in strict confidence.

APPLICANT'S SIGNATURE \_\_\_\_\_ Applicant's signature attests financial responsibility, ability, and willingness to pay our invoices in accordance with our terms of **Net 20 Days**. Service Charge added to orders under \$25.00.