

APPLICATION FOR CREDIT

(Must complete in its entirety)

Company: _____

Type of Business: (Brief description) _____

Year Business Started: _____

AMOUNT OF CREDIT REQUESTED: _____

Billing Address:

Physical Address:

Telephone Number: _____

Fax Number: _____

A/P Contact: _____

Web Site: _____

A/P Contact Number: _____

D & B Number and Rating: (ex: BA1)

A/P Contact Email: _____

Principals in Partnership or Corporation:

Name: _____

Title: _____

Name: _____

Title: _____

Name: _____

Title: _____

Bank Information:

Tax Exempt: No _____ Yes _____ If yes, please attached Tax Exempt Form

PO # Required No _____ Yes _____

Trade References: (Must list at least 3 w/both phone & fax #'s)

Company Name	Contact	Phone Number	Fax Number

We certify that all information given is correct and we fully understand our responsibility to pay in accordance with Bishop Lifting Products, Inc. terms of NET 30.

Signed: _____ Title: _____

Printed Name: _____ Date: _____