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CREDIT APPLICATION

(Please Print)

DATE: _____

BUSINESS NAME: _____

BILLING ADDRESS:

SHIP-TO ADDRESS:

PHONE: _____
E-MAIL: _____

FAX: _____

CORPORATION PROPRIETORSHIP PARTNERSHIP

FEDERAL ID #: _____ **DATE ESTABLISHED:** _____

OWNERS / PRINCIPLE OFFICER(S):

ESTIMATED AVERAGE MONTHLY PURCHASES: \$ _____

BANK REFERENCE:

NAME: _____
ADDRESS: _____

ACCT #: _____
CONTACT: _____
PHONE: _____
FAX: _____

TRADE REFERENCES:

MAJOR SUPPLIER: _____
ADDRESS: _____

CONTACT: _____
PHONE: _____
FAX: _____

MAJOR SUPPLIER: _____
ADDRESS: _____

CONTACT: _____
PHONE: _____
FAX: _____

MAJOR SUPPLIER: _____
ADDRESS: _____

CONTACT: _____
PHONE: _____
FAX: _____

SIGNATURE

DATE

**Please include a tax exempt certificate (if applicable). If none is provided, sales tax will be charged.