

Customer Credit Application

Customer Credit Application Instructions:

- Print the form & then fill it out by hand.
- Sign on the Authorized Signature line at the bottom of Page 2.
- Page 2 option: Either complete the Credit References section on Page 2 of this form or attach a copy of your Credit
- Bearings Limited requires the Bank Reference section on Page 2 to be completed along with an authorized signature on the line provided at the bottom of Page 2 to enable Bearings Limited to check with your bank.
- Please Fax the signed Customer Credit Application together with a copy of your Sales Tax Certificate and a Line Card or other material describing your business to (631) 273-8257.

Customer Information

Legal Business Name:							Phone #:	
Trade Name (DBA):						Fax #:	Fax #:	
2	Address 1:				Address 2:			
BILL - TO	City:				State:	Zip:		
10	Address 1:				Address 2:			
SHIP -TO	City:			State:	Zip:			
	u classify your business? (circle o	Year Established:	State of Incorporation:					
Corporation / LLC / Partnership / Proprietorship								
Federal I.D.	:i			Dun & Bradstreet #:				
E-Mail Address:				Website Address:				
Are you a: (circle one) Parent Company Name: Subsidiary / Division								
Address 1: Address 2:								
City:				1		State:	Zip:	
Have you ever declared Bankruptcy: (circle one) Yes / No If you have filed for bankruptcy, please attach an explanation								
A/P Contact:				E-Mail Address:				
A/P Phone:				Fax:				
Please indica	ite: (circle one)			1				
Principal / Partner / Proprietor / Other (Specify)								
Name:							Home Phone:	
Home Address:						Birth Date:	Birth Date:	
City:			State: Zip:			Zip:		
Social Security #:				E-Mail Address:				

Fax: (631) 273-8257 Toll-Free: (800) 645-5088

sales@bearingslimited.com



Customer Credit Application

Terms Requested		□ Net 30 — Credit Line Requested					
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		L	☐ C.O.D.	ocks Paguirad t	for Amounts ov	ar \$500)	
Ran	k Reference (Reg	using Face (I)	(Certified Che	cks kequireu j	OF AFFICURES OV	er 3300)	
	y Account Type: (circle one)	Primary Account			Date Account	Established:	
	Checking / Savings Number:				Dute Account	Date / recount Established.	
Name:	Name:		Contact:			Phone #:	
Addres	55:					Fax #:	
City:			State:	Zip:	E-Mail Address	s:	
Trac	de Reference (Re	auire Fax #)					
	Name: Address: City:		Contact:			Phone #:	
1						Fax #:	
			State: Zip: E-Mail Addre			ess:	
	Name:		Contact:			Phone #:	
2.	Address:					Fax #:	
	City:		State:	Zip:	Email:		
	Name:		Contact:			Phone #:	
Address:					Fax #:		
	City:		State	Zip:	E-Mail Address	E-Mail Address:	
	Customer agrees to make Bearings Limited standard Customer also agrees to point Customer should defau Customer. Additionally, Customer will Customer also agrees to point The undersigned certifies to Customer agreed to adher below signature will act	payment in full to Bea credit terms are Net ay interest on all amo It on any payment(s) I be responsible for al rovide Bearings Limite that all of the informa e to terms, policies an	arings Limited for all 30. bunts that are past du bunts that are past du bunts that are past du li collection costs and addition costs and all collection costs and attion contained here and procedures estables.	amounts due accorded. Interest will be eserves the right did attorney fees, which in and any attach ished by Bearings Limited to obta	e charged as 1.5% p to declare all involve thether suit is filed request, as a cond ments are true and Limited.	n account and/or obtain trade credit. Limited's invoice on or before net due date. ber month or the highest rate allowed by law. bice amounts due and payable without notice to or not, in order to collect any delinquent amount. lition for the continued extension of credit. It correct to the best of their knowledge and belief. mation from the above referenced bank,	
ompany	name						
uthorized Individual (Please Print Name)			Title				
uthorized Signature			Dat	te			

Bearings Limited 2100 Pacific Street Fax: (631) 273 - 8257 Toll-Free: (800) 645-5088