

APPLICATION FOR CREDIT



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NAME OF FIRM OR INDIVIDUAL (FOR BILLING PURPOSES)

ADDRESS

ADDRESS

CITY/STATE/ZIP

PHONE#: (____) _____ - _____ FAX#: (____) _____ - _____ EMAIL: _____

THE ABOVE HEREBY APPLIES FOR CREDIT IN ACCORDANCE WITH THE TERMS & CONDITIONS OF FLUIDRAULICS AS STATED ON OUR INVOICE. OUR NORMAL CREDIT TERMS ARE NET 30 DAYS. AFTER 60 DAYS CUSTOMERS WILL BE PUT ON CREDIT HOLD. WE ALSO ACCEPT MC/VISA. PURCHASE ORDER NUMBERS ARE REQUESTED FOR ORDERS PLACED WITH FLUIDRAULICS. RETURNS ARE DEALT WITH ON AN INDIVIDUAL BASIS AS QUICKLY AS POSSIBLE. RESTOCKING CHARGES MAY OR MAY NOT APPLY.

..THE FOLLOWING INFORMATION MUST BE PROVIDED AND WILL BE HELD IN STRICTEST CONFIDENCE:

OWNERSHIP: CORPORATION PARTNERSHIP SOLE PROPRIETOR INDVL. OTHER _____

HAVE YOU EVER DECLARED BANKRUPTCY OR HAD A JUDGEMENT FILED AGAINST YOU/ CO.? YES OR NO

ARE YOU TAX EXEMPT?: _____ IF SO, PLEASE SEND US A COPY OF YOUR EXEMPTION CERTIFICATE AS REQ'D BY STATE LAW FOR OUR FILES. DO NOT USE YOUR EIN NUMBER.

REFERENCES:

1. COMPANY NAME, CONTACT, PHONE AND FAX# OR EMAIL

2. COMPANY NAME, CONTACT, PHONE AND FAX# OR EMAIL

3. COMPANY NAME, CONTACT, PHONE AND FAX# OR EMAIL

4. COMPANY NAME, CONTACT, PHONE AND FAX# OR EMAIL

5. COMPANY NAME, CONTACT, PHONE AND FAX# OR EMAIL

Please indicate whether you will accept emailed or faxed invoices? YES _____ NO _____

WE CERTIFY THAT ALL INFORMATION ON THIS FORM IS CORRECT. WE WILL HONOR YOUR CREDIT TERMS

SIGNED _____ TITLE _____ DATE _____

CREDIT REFUSED CREDIT APPROVED _____ DATE _____

Form Rev.11/09/16