

CREDIT APPLICATION

Fill out and email to accounting@cougarsalesrental.com

NOTE: We can NOT process the application without a signature and all fax numbers or email addresses for your references

| Salesman (PLEASE CIRCLE): Joanne Andrew Brandon | Dane Jesse Kerry Marty Tom House | | | |
|---|---|--|--|--|
| Company: | Date Established: | | | |
| Billing Address: : City: _ | State: Zip: | | | |
| Shipping Address: City: | State: Zip: | | | |
| Phone () | Fax: () | | | |
| | | | | |
| Owners/Officers Name: | Title: | | | |
| Type of Business: Corporation Partnership | Individual | | | |
| Tax Exempt: Yes No Sales Tax Nur | nber | | | |
| Resale Industrial Processing Government _ | Interstate | | | |
| If tax exempt, please forward applicable ex | emption certificates with credit application. | | | |
| THE NAME ON THE TAX EXEMPT FORM MUST MATCH THE NAME ON THE ACCOUNT. | | | | |
| | | | | |
| Billing | | | | |
| | Diagram (| | | |
| Accounts Payable Contact: | | | | |
| Email for AP Contact: | | | | |
| Email/fax # for invoices/statements: | | | | |
| *** Please note: No invoice will be mailed. | Invoices will be faxed or emailed ONLY *** | | | |
| Purchasing: | | | | |
| Purchasing Contact: | Phone: () | | | |
| Email for Purchasing Contact: | | | | |
| What are you looking to purchase & Rent? | | | | |

| Banking Information | | | |
|---------------------------------------|---|--------------------------------|-------------------------------|
| Bank: | City: | State: | _ Zip: |
| Phone: () | Fax: <u>()</u> | Account # | # : |
| Trade References | | | |
| Name: | Phone () | **Fax: (|) |
| **Email: | | | |
| | City: | | |
| Name: | Phone() | **Fax: (|) |
| **Email: | | | |
| | City: | | |
| Name: | Phone() | **Fax: (|) |
| **Email: | | | |
| | City: | | |
| Cougar Sales & Rental Inc. payment te | erms are <u>Net 30 days</u> from date of purcha | ase. Past due invoices are sul | pject to 1.5% finance charges |
| Print Name: | Title | : | Date: |
| C' | | | |

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