



EBRA[®] SKIMMERS

Credit Application

As part of our process to evaluate your application for credit, we ask that you complete an application for credit. If you have similar information available on a previously prepared information sheet, you may substitute it rather than complete this form. Please note that our terms are 30 days for domestic distributors.

Please provide the requested information and fax the completed form back to us at 440-349-1211 or email to henry@zebraskimmers.com. Please provide a current sales tax exemption form as well.

Company Name: _____ Date: _____

Company Shipping Address: _____

Company Billing Address: _____

Reseller ID Number & EIN: _____ / _____

Company Telephone: _____

Toll-Free Number, if any: _____

Company Fax Number: _____

AP contact name: _____

AP contact email address: _____

Bank name & address: _____

Bank account #: _____

Requested credit limit: _____ **Date:** _____

Prepared documentation may be attached rather than completing the following trade reference information:

	#1	#2	#3
Reference Co.	_____	_____	_____
Address:	_____	_____	_____
City, State:	_____	_____	_____
A/P Contact:	_____	_____	_____
A/P Phone:	_____	_____	_____
A/P Fax:	_____	_____	_____

Quality Coolant Performance Products • Skimmers, Aerators, Mixers, Treatment Systems

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