



### New Customer Credit Application

#### Business Name and Address

Company Name:				
Billing Address:				
City:	State:	ZIP:	Phone:	Fax:
Shipping Address:				
City:	State:	ZIP:	Phone:	Fax:

#### Business Information

Type of Business (Circle One):	Dealer/Distributor	MRO	OEM	End User	Other
Structure (Circle One):	Corporation	Limited Partnership	General Partnership	Proprietorship	LLC
Number of locations:	Website:	In Business Since:			
Sales Tax and or Use Tax Exempt (Yes/No):			Federal Tax ID Number:		
Name/Title of Company Owner:			SSN:		
Name/Title of Company Owner:			SSN:		
Name of Purchasing Agent:		Email:	Phone:		
Name of Accounts Payable:		Email:	Phone:		
Invoices to be emailed to:					
Shipments to be delivered via (Circle One):		UPS	Fedex	Account Number:	

#### Bank Information

Bank Name:	Officer/Contact Name:			
Bank Address:				
City:	State:	ZIP:	Phone:	Fax:
Account Number:				

#### Trade References

Name:	Name:	Name:	Name:
Address:	Address:	Address:	Address:
Phone:	Phone:	Phone:	Phone:
Fax:	Fax:	Fax:	Fax:
Email:	Email:	Email:	Email:

I hereby certify that the information contained herein is complete & accurate. I hereby authorize OM Industrial Products to investigate the above information to determine eligibility. OM may utilize a third-party credit service to check credit history.

**State Sales Tax: If your company is tax exempt, please also provide your tax exemption certificate. If any company does not provide an exemption certificate, it will impact their account eligibility.**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*

*For Internal OMi Use*

*Date Application Received:* \_\_\_\_\_

*Status:* \_\_\_\_\_

*Catalogs / Marketing Material Sent:* \_\_\_\_\_