



DEMOLITION TOOLS
MADE IN AMERICA SINCE 1890

Customer Credit Application

Business Name: _____

Address: _____

Phone: _____ Fax: _____

Mailing Address: _____

Email Invoices To: _____

Type of Business: _____

Time at Present Location: _____ Year Established: _____

Corporation: _____

Partnership: _____

Individual: _____

DBA: _____

Names of Principal Officers / Owners:

1.	Title: _____
2.	Title: _____
3.	Title: _____
4.	Title: _____

Bank Reference:

Principal Depository Bank: _____			
City: _____	State: _____	Zip: _____	Phone: _____

Business References:

Ph: _____ E: _____	Ph: _____ E: _____	Ph: _____ E: _____
Ph: _____ E: _____	Ph: _____ E: _____	Ph: _____ E: _____

Brief Firm History:

If incorporated, State in which incorporated? _____

Is the company a subsidiary of another company? Yes No

If yes, name other companies with which affiliated: _____

Has this company or associated companies ever filed for bankruptcy? Yes No

If yes, define: _____

Is the company sales tax exempt? Yes No Resale No. _____

Please attach a copy of your resale certificate for our records.

Signed: _____

Title: _____

Date: _____

I hereby certify all information above is true and correct.