

CUSTOMER CREDIT APPLICATION

Please fill out the following information for our records. We will contact you after completion of our credit check. Please allow three to five business days to complete this credit check. Please be advised that we use Dun and Bradstreet as part of our credit investigation.

COMPANY NAME: _____

STREET: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX #: _____

CONTACT: _____ EMAIL: _____

POSITION: _____

WEBSITE ADDRESS: _____

BUSINESS START DATE: _____

NUMBER OF EMPLOYEES: _____

ANNUAL SALES: _____

NUMBER OF LOCATIONS: _____

LOCATION LEASED/OWNED: _____

YOUR COMPANY'S TYPE OF BUSINESS: _____

HOW DID YOU COME TO CHOOSE BARTLETT BEARING? _____

The information below must be filled out COMPLETELY in order for your application to be processed.

COMPANY BANK: _____

ACCOUNT #: _____

NAME of YOUR BANK OFFICER: _____

BANK TELEPHONE NUMBER: _____

COMPANY CREDIT REFERENCES:

WE REQUIRE FOUR CREDIT REFERENCES. Please fill out information COMPLETELY.
CREDIT CHECKS ARE DONE BY FAX ONLY. PLEASE INCLUDE FAX NUMBERS ONLY!

1. NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

FAX: _____

2. NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

FAX: _____

3. NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

FAX: _____

4. NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

FAX: _____

BILLING INFORMATION:

1. Does your company require purchase orders? _____
If so, does your company require separate invoices for each purchase order? _____
2. Does your company have a separate shipping address? If so, please indicate below:

3. How would you like your invoices sent to you? Mail Fax Email
If you would like your invoices emailed, please provide the email address:

4. Do you want monthly account statements? Yes No

Thank you for considering Bartlett Bearing Company, Inc. as a new supplier. Our normal terms are Net 30 days with late charges assessed at 1-½ % per month. Returned checks will be charged additional at \$35.00 per return.

******You are required to send in a copy of your STATE SALES TAX EXEMPTION FORM if you are SALES TAX exempt.**** Please also provide your NAICS/SIC code.**

TAX EXEMPT # _____ **NAICS/SIC:** _____

YOUR SIGNATURE: _____ **DATE:** _____

POSITION: _____

Please fax back to attention: Shari Markee, Executive Administrator
Fax: 215-744-1980
Email: shari@bartlettbearing.com

Bartlett Office Use Only:

Please provide details of how new customer was located (general prospecting, supplier referral, customer referral, other): _____

Have we visited the customer at their business location? _____

Initial Credit Limit: _____