

CUSTOMER CREDIT APPLICATION  
TEL# 215-743-8963 | FAX# 215-744-1980  
EMAIL: shari@bartlettbearing.com

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 1-1/2 % 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 or email 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: \_\_\_\_\_