



# CREDIT APPLICATION

Anderson Equipment Company  
 P.O. Box 339 • 1000 Washington Pike  
 Bridgeville, PA 15017  
 Phone (412) 343-2300  
 Fax (412) 504-4254  
 www.andersonequip.com

Company Information			
Corporation or Business Name:			Federal ID#:
DBA or Trade Name (If Different From Above):			State of Organization:
Billing Address:	Street/PO Box	City	State Zip Code
State Organization ID #:			
Physical Address:	Street/PO Box	City	State Zip Code
D&B Number:			
Business Phone:	Mobile Phone:	Fax Number:	Nature of Business:
Name of Owner or President:		Name of Accounts Payable Contact:	E-Mail of Accounts Payable Contact:
Business Structure:	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC/LLP <input type="checkbox"/> Individual <input type="checkbox"/> Government <input type="checkbox"/> Other	Sales Tax Exempt?	<input type="checkbox"/> Yes <input type="checkbox"/> No If exempt, attach exemption certificate
Date Company Established:	Current Ownership Since:	Company's Estimated Annual Revenue:	
Bankruptcy Ever Filed?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date filed:	Are there any outstanding liens or judgments?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, dollar amount: \$
Credit Line Requested:	Purchase Orders Required?	Number of Employees:	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Full Time Mechanics Employed?	Operate Your Own Service Shop?	Approximate # of Construction and Paving Machines:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Bank References			
Name of Bank	Phone Number	Checking Account #	Loan #
1)			
2)			
Equipment Financing (Complete If You Have Financed Equipment Within Last 24 Months)			
Equipment Financing Company	Phone Number	Account #/Loan #	
1)			
2)			
Trade References			
Supplier	Phone Number	Product Supplied	
1)			
2)			
3)			
4)			
Insurance Information			
Insurance Company Name	Phone Number	Agent's Name	



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**Business Credit Release and Acknowledgement**

Applicant hereby authorizes Anderson Equipment Company (Anderson), its affiliates or its assignee(s) to obtain information from any source including credit reporting agencies and hereby authorizes the above named bank(s), financial institutions(s) or trade references(s) to release such information as necessary to establish credit, financing or leasing arrangements with the above mentioned parties. This authorization shall remain in force so long as Applicant has a line of credit with Anderson and Anderson reserves the right to periodically update its information from any source. The undersigned agrees that payment will be made for all purchases in accordance with the terms of sale. The undersigned agrees to pay the prevailing service charge on account balances not paid according to the terms of sale. Anderson's terms of sale supersede any and all purchase orders presented by Applicant unless Anderson has agreed in writing to alternative terms and conditions. In the event that this account is referred for collection, the undersigned agrees to pay all expenses, including reasonable attorney fees, incurred in connection with such collection as stipulated in Anderson's terms of sale. The undersigned hereby represents that all information contained in this Credit Application is true, correct and complete, and is provided for the purpose of obtaining credit in an amount set by Anderson's credit policies and procedures. A Photostat, digitized or facsimile copy of this authorization shall be valid as the original.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**Personal Information on Owners/Principals**  
 Complete if Applicant's Business Structure is a Partnership, LLC/LLP/LP, Individual or  
 as requested by Anderson's Credit Department

1) Principal's Name (Print)	Date of Birth	Home Phone	Social Security #:
Home Address: Street/PO Box	City	State	Zip Code % Owned
2) Principal's Name (Print)	Date of Birth	Home Phone	Social Security #:
Home Address: Street/PO Box	City	State	Zip Code % Owned

By signing below, the Applicant(s) hereby authorizes Anderson Equipment Company (Anderson), its affiliates or its assignee(s) to obtain and review personal credit information from any source including credit reporting agencies. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of updating, renewing or extending such credit or additional credit and for reviewing or collecting the resulting account. This authorization shall remain in force so long as Applicant has a line of credit with Anderson and Anderson reserves the right to periodically update its information from any source. A Photostat, digitized or facsimile copy of this authorization shall be valid as the original. I/we affirm my/our identity as the respective individuals identified in the above application.

1) Principal Signature:: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

2) Principal Signature:: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_