

## **CREDIT APPLICATION**

Anderson Equipment Company PO Box 339 / 1000 Washington Pike Bridgeville, PA 15017 Phone: (412) 343-2300 Fax: (412) 504-4254

www.andersonequip.com

			Company	Inforn	nation					
Corporation or Business Name:								Federal ID#:		
DBA or Trade Name (If Different From Above):							S	State of Organization:		
Billing Address:	Street/PO Box		City		State	Zip Code		Business Phone:		
Physical Address:	Street		City		State	Zip Code		Fax Number:		
Business Structure: □Corporation □Governme □Limited Liability Partnersh					Name of Owner of	or Preside	ent:			
Year Company Established:	:	Current Ownership Since:			Company's Annual Revenue:					
Are you in the equipment rental business?: $\square YES \square NO$				Nature of Business:						
Bankruptcy Ever Filed?: If yes, date filed:	Are there any outstanding liens or judg If yes, dollar amount:				or judgemen	ts?: □ Y	ES □NO			
-			Fax Exempt?: $\Box$ YES $\Box$ NO Purchase On the purchase of the purc				rder Required?:			
Name of Accounts Payable Contact:				E-Mail of Accounts Payable Contact:						
Invoice Email Address:		Statement Email Address:								
			Bank R	eferen	ces					
Name of Bank Phone							king Account	Account # Loan #		
							_			
	<b>Equipment Finance</b>	ing (Com	plete If You Have	Finar	nced Equipment	Within La	ast 24 Month	s)		
Equipment Financing Company			Phone Number	e Number Fax Number Accou			Account#/Lo	nt#/Loan #		
			Trade R	leferer	<u> </u>					
Supplier			Phone Number	Fax Number Produc			Product Su	ct Supplied		
Dlagge magnide the Collectine	antianal information. Th	ia data ia	Miscellaneou							
Please provide the following on Number of Employees:				e our c		ı onerate :	vour own Sei	vice Sh	on?·	
Number of Employees: Full Time Mechanics Employed?: Do you operate your own Service Shop? $\Box$ YES $\Box$ NO							ор			
		Busin	ess Credit Release	e and A	Acknowledgemen	nt:				
Applicant hereby authorizes A										
to obtain information from an										
references(s) to release such in shall remain in force so long a										
The undersigned agrees that p										
charge on account balances no										
Anderson has agreed in writin										
expenses, including reasonabl										
represents that all information by Anderson's credit policies									ing credit in an amount set	
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Name:							Title:			
Signature of Authorized Rep	presenative:						Date:			