

Credit Application

Please email completed documents to <u>info@floorscrapers.com</u>. We will notify you in due course of the outcome of your application.

Company Information		
Application Date:		
Company Name:		
Company Address:		
City:	_State:	_Zip:
Telephone No.:	Fax No.:	
Sole owner	Social Security No.:	
S Corporation	Social Security No.:	
Incorporated	State:	
Partnership	Please list owners:	
Year Established:		
Banking Information		
Bank Name:		
Bank Telephone No.:		
Bank Address:		
City:	_State:	Zip:
Type of Account:	_ Account Number:	
I hereby authorize Onsite Equipment Man customary credit inquiry on the listed trace Onsite Equipment Manufacturing. The uncusual subject to the terms of ½% 10, Net 30. By for all information to be stored according Form completed by - Full Name:	de and bank references and release any indersigned agrees that all credit extended submitted this digital application you he to our Privacy Policy.	information desired by d shall be deemed
Title:	Date:	
Telephone No.:	_ Email:	

Authorized Signature (Owner, Partner or Corporate Officer)



Trade References

Reference #1		
Name:		
	Fax No.:	
Address:		
City:	State:	Zip:
Reference #2		
Name:		
	Fax No.:	
Address:		
City:	State:	Zip:
Reference #3		
Name:		
Telephone No.:	Fax No.:	
Address:		
City:	State:	Zip:



I certify that (Company Name)			
is engaged as a registered	Wholesaler		
Retailer	Mfg		
Lessor	Contractor		
and is registered with the below listed state	es and cities within which your firm would receive purchases		
and that any such purchases are for the wh	olesale, resale, leased, or rented in the normal course of our		
business.			
City or State:	State Registration or I.D. No.:		
City or State:	State Registration or I.D. No.:		
City or State:	State Registration or I.D. No.:		
Use Tax, will pay the tax due direct to the p added tax billing. This certificate shall be pa otherwise specified, and shall be valid until	x free is used or consumed as to make it subject to a Sales or roper tax authority when state law provides or inform for art of each order which we may hereafter give to you, unless cancelled by us in writing or revoked by the city or state. In that the information on this form is true and correct as to		
Release of Credit and Bank Information			
information they may require. The undersign to the terms of $\%\%$ 10 Net 30. In addition, r	with Onsite Equipment Manufacturing and hereby release any gned agrees that all credit extended shall be deemed subject my signature below signifies my approval for my bank and regarding my application. I confirm that all information nce of all mentioned terms and conditions.		
Authorized Signature (Owner, Partner or Co	orporate Officer)		
Your Full Name:			
Your Title:			
Todi Title.			
Company Name:			
Telephone No.:			
Date of Release:			