

Fluid Power Solutions

3700 Parkway Lane, Suite M
Hilliard Ohio 43026
Phone: (614) 777-8954

CREDIT APPLICATION

Company Name _____ Type of Business _____
Billing Address _____ Years in Business _____
_____ Phone # _____
Shipping Address _____ Fax # _____
_____ E-mail _____
Accounts Payable Contact _____ E-mail _____

TRADE REFERENCES:

Co. Name _____ Phone # _____ Fax # _____
Co. Name _____ Phone # _____ Fax # _____
Co. Name _____ Phone # _____ Fax # _____
Co. Name _____ Phone # _____ Fax # _____

BANK REFERENCES:

Name _____ Phone # _____ Contact _____
Address: _____
Street P.O. Box City State Zip

Taxable ___ Tax Exempt ___ **IF SALES TAX EXEMPT: AN EXEMPTION CERTIFICATE MUST ACCOMPANY THIS APPLICATION**

Please Read Carefully

1. Fluid Power Solutions. retains the right to deny credit to any applicant. We also retain the right to close the account whenever we deem necessary.
2. Applicant's signature(s) attest(s): (a) financial responsibility, (b) ability, and willingness to pay invoices in accordance with Fluid Power Solutions's terms of payment for the product or services purchased, and
3. (c) agreement to pay all applicable collection and/or legal fees incurred by Fluid Power Solutions for collection of this account.
4. I hereby authorize Fluid Power Solutions or any credit bureau or other investigative agency employed by Fluid Power Solutions to investigate the references herein listed or statement or other data obtained from me or from any other person pertaining to my credit and financial responsibility.

Authorized Signature

Title

Date

