

251 Shaker Road
P.O. Box 544
East Longmeadow, MA 01028

PHONE: (413) 525-6351 / (800) 292-6351
FAX: (413) 525-5909

APPLICATION FOR CREDIT

DATE _____ BUSINESS PHONE: _____ FAX NUMBER: _____
NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
NATURE OF BUSINESS: _____
NUMBER OF YEARS IN BUSINESS: _____ FED I.D. NUMBER: _____
INCORPORATED: YES NO STATE INCORPORATED: _____
TAX EXEMPT: YES If yes, please enclose exempt certificate TAX EXEMPT NUMBER: _____
ACCOUNTS PAYABLE CONTACT: _____ Phone Number _____
E-MAIL ADDRESS: _____

PRINCIPAL OFFICERS			
NAME:	TITLE:	SOCIAL SECURITY #:	CELL PHONE:

REFERENCES				
Name:	Street Address:			
City:	State:	Zip:	Phone:	Fax:

BANK				
Name:	Street Address:			
City:	State:	Zip:	Phone:	Fax:
ACCOUNT #:	Contact:		Phone:	Fax:

CREDIT AGREEMENT

I hereby certify that the following information is true and complete. I authorize Tyler Equipment Corporation, or their designated agent, to investigate the above credit references and any other sources of credit information. If credit is approved, it is agreed that all purchases are due and payable within thirty (30) days following purchases. A finance charge, not exceeding the legally allowable limit, will be charged on overdue balances. If it becomes necessary to place this account for collection, the customer agrees to pay all accumulated finance charges, collection costs and attorney fees.

Signed By _____ TITLE _____

PRINT OR TYPE NAME