

BDS

CREDIT APPLICATION

 Company name Phone number Fax number

 Billing address Shipping address

 City State Zip City State Zip

Contact Name: _____ Email Address: _____

Type of Business: _____

Type of Ownership: ___ Corporation ___ Partnership ___ Sole Proprietor
 ___ Government ___ Non Profit Years in Business: ___

Parent company names (if different than above):

 Address City State Zip

Tax Exempt? Yes No Dun & Bradstreet #: _____

Referred By: _____

BANK REFERENCES:

 Name Phone Number Fax Number

Account Number: _____ Contact: _____

(PLEASE CONTINUE TO NEXT PAGE)

OPEN ACCOUNTS REFERENCES:

(Preferably other Bearing Companies)

1. _____
Name Phone# Fax# Email
2. _____
Name Phone# Fax# Email
3. _____
Name Phone# Fax# Email
4. _____
Name Phone# Fax# Email

Authorized Signature: _____ Date: _____

Print Name: _____ Title: _____

For credit approval please fax this form to (440)846-9661 or email to accounting@bdsbearing.com

Inter Office Use Only	Date ___/___/___
Credit Limit: \$ _____	Approved By: _____