



Customer Credit Information Packet



CREDIT APPLICATION

**** Please return this application with a copy of your sales tax certificate.****

**** You may attach your own credit application but all sections must be completed and signatures are required. ****

Company Name *(Required)* _____

Doing Business As (DBA) *(Required)* _____

Billing Address *(Required)* _____

City _____ State _____ Zip _____

Shipping Address *(Required)* _____

City _____ State _____ Zip _____

Telephone # *(Required)* _____ Fax # *(Required)* _____

Credit Limit Requested: \$ _____ Website address: _____

No. of Employees _____ No. of Years at this location _____ No. of Years of Business _____

Type of Business: _____ Sole Proprietorship _____ Partnership _____ Corporation, in the State of _____

Federal Tax ID # _____ Dun & Bradstreet # _____

Social Security # of all Officers if Partnership or Proprietorship: _____

Have you ever filed bankruptcy (corporate or personal)? **YES NO**

Have you now or have you ever had a judgment or lien against you or the company? **YES NO**

Do you have or have you ever had any SBA loans outstanding? **YES NO**

Are you currently delinquent on any outstanding loans or trade credit? **YES NO**

COMPANY OFFICERS

REQUIRED FIELDS

Owner / CEO Complete Name _____

Personal Address _____

City _____ State _____ Zip _____

Telephone # _____ Fax # _____

Email: _____ No of Years with Company: _____

Officer 2 Complete Name _____

Personal Address _____

City _____ State _____ Zip _____

Telephone # _____ Fax # _____

Email: _____ No of Years with Company: _____



Officer 3 Complete Name _____
 Personal Address _____
 City _____ State _____ Zip _____
 Telephone # _____ Fax # _____
 Email: _____ No of Years with Company: _____

COMPANY CONTACT INFORMATION
REQUIRED FIELDS

Customer Service Contact: _____ email: _____
 Telephone # _____ Ext _____ Fax # _____

Accounts Payable Contact: _____ email: _____
 Telephone # _____ Ext _____ Fax # _____

Accounts Receivable Contact: _____ email: _____
 Telephone # _____ Ext _____ Fax # _____

Sales Contact: _____ email: _____
 Telephone # _____ Ext _____ Fax # _____

BRANCH INFORMATION

Multiple Locations for this BILL TO address ___No ___Yes *If yes, complete branch information section below.*

Branch Name 1 _____
 Physical Address _____
 City _____ State _____ Zip _____
 Telephone # _____ Fax # _____

Branch Name 2 _____
 Physical Address _____
 City _____ State _____ Zip _____
 Telephone # _____ Fax # _____

Branch Name 3 _____
 Physical Address _____
 City _____ State _____ Zip _____
 Telephone # _____ Fax # _____



TRADE REFERENCES

Telephone and Fax numbers are REQUIRED for all references.

Company Name _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Telephone # *(Required)* _____ Fax # *(Required)* _____
 Account Contact: _____ Account # _____

Company Name _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Telephone # *(Required)* _____ Fax # *(Required)* _____
 Account Contact _____ Account # _____

Company Name _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Telephone # *(Required)* _____ Fax # *(Required)* _____
 Account Contact _____ Account # _____

Company Name _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Telephone # *(Required)* _____ Fax # *(Required)* _____
 Account Contact _____ Account # _____

BANK REFERENCE

Bank Name _____
 Street Address _____ City _____ State _____ Zip _____
 Mailing Address _____ City _____ State _____ Zip _____
 Telephone # *(Required)* _____ Fax # *(Required)* _____
 Account Contact _____ Account # _____

We understand your terms are 3% 15; NET 30 Days and you agree to meet these terms if credit is extended. All statements made herein are true and accurate. We authorize Construction Attachments, Inc. to make any and all inquiries necessary for action on this credit application. We hereby identify the above company and its agents from any liability resulting from their credit survey. We further understand that if we default on our account, that we will be responsible for any and all collection charges/fees.

Personal Guarantee *(Required)* _____ Title _____ Date _____

Authorized Signature *(Required)* _____ Title _____ Date _____

Sales Representative Name: _____ Sales Representative Signature _____

****SIGNATURES ARE REQUIRED EVEN WHEN USING YOUR OWN CREDIT APPLICATION ****
 Failure to provide all *Required* fields will result in return of your application until all information is provided completely.

Streamlined Sales Tax Agreement Certificate of Exemption

Warning to purchaser:

This is a multi-state form. Not all states allow all exemptions listed on this form. Purchasers are responsible for knowing if they qualify to claim exemption from tax in the state that is due tax on this sale. The state that is due tax on this sale will be notified that you claimed exemption from sales tax. You will be held liable for any tax and interest, as well as civil and criminal penalties imposed by the member state, if you are not eligible to claim this exemption. **Sellers may not accept a certificate of exemption for sales sourced within the state if an exemption does not apply in the seller's state.**

Enter the two-letter postal abbreviation for the state under whose laws you are claiming exemption.

Check one: Single purchase certificate. Relates to invoice/purchase order # _____.
 Blanket certificate. If checked, this certificate continues in force until canceled by the purchaser.

Print or Type

Name of Purchaser _____

Business Address _____ City _____ State _____ Zip Code _____

Purchaser's Tax ID Number _____ State of Issue _____ Country of Issue _____

If No Tax ID Number, Enter One of the Following:	FEIN	Driver's License Number/State Issued ID Number State of Issue Number	Foreign Diplomat Number
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Name of Seller From Whom You Are Purchasing, Leasing, or Renting

CONSTRUCTION ATTACHMENTS INC

Seller's Address _____ City _____ State _____ Zip Code _____
1160 CAL COURT LENOIR NC 28645

Type of Business

Type of Business. Check the number that describes your business.

- | | |
|--|--|
| <input type="checkbox"/> 01 Accommodation and food services | <input type="checkbox"/> 11 Transportation and warehousing |
| <input type="checkbox"/> 02 Agricultural, forestry, fishing, and hunting | <input type="checkbox"/> 12 Utilities |
| <input type="checkbox"/> 03 Construction | <input type="checkbox"/> 13 Wholesale trade |
| <input type="checkbox"/> 04 Finance and insurance | <input type="checkbox"/> 14 Business services |
| <input type="checkbox"/> 05 Information, publishing, and communications | <input type="checkbox"/> 15 Professional services |
| <input type="checkbox"/> 06 Manufacturing | <input type="checkbox"/> 16 Education and health-care services |
| <input type="checkbox"/> 07 Mining | <input type="checkbox"/> 17 Nonprofit organization |
| <input type="checkbox"/> 08 Real estate | <input type="checkbox"/> 18 Government |
| <input type="checkbox"/> 09 Rental and leasing | <input type="checkbox"/> 19 Not a business |
| <input type="checkbox"/> 10 Retail trade | <input type="checkbox"/> 20 Other (explain) _____ |

Reason for Exemption

Reason for Exemption. Check the letter that identifies the reason for the exemption.

- | | |
|--|--|
| <input type="checkbox"/> A Federal government (department) _____ | <input type="checkbox"/> H Agricultural production # _____ |
| <input type="checkbox"/> B State government (name) _____ | <input type="checkbox"/> I Industrial production/manufacturing # _____ |
| <input type="checkbox"/> C Tribal government (name) _____ | <input type="checkbox"/> J Direct pay permit # _____ |
| <input type="checkbox"/> D Foreign diplomat # _____ | <input type="checkbox"/> K Multiple points of use (services, digital goods, or computer software delivered electronically) |
| <input type="checkbox"/> G Resale # _____ | <input type="checkbox"/> L Direct mail # _____ |
| | <input type="checkbox"/> M Other (explain) _____ |

I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.

Signature of Authorized Purchaser _____ Print Name Here _____ Title _____ Date _____

Sign Here