P.O. Box 484 | Moncks Corner, SC 29461-0484
P: (843) 899-4001

CUSTOMER CREDIT APPLICATION

THIS CREDIT APPLICATION IS TO BE COMPLETED BY AN AUTHORIZED INDUVIDUAL OF THE CUSTOMER MAKING THE APPLICATION. WE SUGGEST YOU RETAIN A COPY OF THIS DOCUMENT FOR YOUR FILES. EMAILED COPIES OF THIS FORM ARE ACCEPTED IN ORDER TO BEGIN PROCESSING THE INFORMATION. PAYMENT TERMS: NET/30. ANY ACCOUNT NOT PAID WITHIN 15 DAYS OF THE INVOICE DATE WILL BE CHARGED 1 1/2% FINANCE CHARGE PER MONTH.

CUSTOMER INFORMATION

EXACT NAME OF FIRM OR INDIVIDUAL: _____

FEDERAL TAX ID #: _____ DNB/DUNS #: _____

BILLING ADDRESS: _____

SHIPPING ADDRESS: _____

CITY, STATE, ZIP _____

CITY, STATE, ZIP _____

PHONE # _____ FAX # _____

PHONE # _____ FAX # _____

TYPE OF ORGANIZATION: (PARTNERSHIP, LLC, ETC.) _____

KEY PERSONNEL: PRESIDENT: _____

PURCHASING AGENT: _____

CONTROLLER: _____

ACCOUNTS PAYABLE: _____

TYPE OF BUSINESS: _____ YEARS IN BUSINESS: _____

PURCHASE ORDER REQUIRED: YES OR NO

ARE YOU SALES TAX EXEMPT? _____ IF YES, ATTACH CERTIFICATE OR SALES TAX WILL BE CHARGED

BANK REFERENCE

BANK NAME	CITY, STATE	PHONE #	ACCOUNT #	CONTACT

TRADE REFERENCES (Three Required)

NAME OF COMPANY	ADDRESS	PHONE	FAX
1.			
2.			
3.			

BY SIGNING THIS FORM AUTHORIZATION IS GRANTED TO THE TRADE REFERENCES ABOVE TO RELEASE CREDIT HISTORY TO BULLZEYE EQUIPMENT & SUPPLY, LLC. AND ITS ASSIGNS. CUSTOMER AGREES TO PAY ALL COLLECTION AND LEGAL FEES IF SUCH ACTION BE NECESSARY. BULLZEYE EQUIPMENT & SUPPLY RETAINS OWNERSHIP OF ALL PRODUCTS UNTIL PAID IN FULL.

_____ _____

SIGNATURE TITLE

_____ _____

ABOVE NAME PRINTED DATE

****** PLEASE RETURN BY MAIL OR EMAIL TO KCOLLINS@BULLZEYEEQUIPMENT.COM ******