

LOFTIN SALES DEPT. USE ONLY

Credit Line Requested \$ _____

Dept. _____

Salesman _____



LOFTIN ACCOUNTING DEPT. USE ONLY

Credit Line Approved \$ _____

Account No. _____

Date Entered _____

Approved by _____

PO Box 6590 – Phoenix AZ 85005

CREDIT APPLICATION

Fax to: 602-352-1957

Business Name: _____

Billing Address: _____ **City** _____ **St.** _____ **Zip** _____

Delivery Address: _____ **City** _____ **St.** _____ **Zip** _____

Telephone #: () _____ **Fax #:** () _____ **AP Dept. Contact:** _____

Years in Business: _____ **Years at present address:** _____ **TYPE OF BUSINESS:** _____

Corporation **Year Incorporated:** _____ **State:** _____

Partnership **Sole Proprietor** **Dun & Bradstreet #:** _____

ITEMS/ SERVICE NEEDED: **Generators** **Engines** **Parts** **Service** **PM** **Rental**

OFFICERS/ OWNERS: _____

TRADE REFERENCES (Fax phone numbers must be included)

NAME: _____

STREET ADDRESS: _____

CITY _____ **ST.** _____ **ZIP** _____

PHONE # () _____ **FAX:** () _____

ACCOUNT # _____

NAME: _____

STREET ADDRESS: _____

CITY _____ **ST.** _____ **ZIP** _____

PHONE # () _____ **FAX:** () _____

ACCOUNT # _____

NAME: _____

STREET ADDRESS: _____

CITY _____ **ST.** _____ **ZIP** _____

PHONE # () _____ **FAX:** () _____

ACCOUNT # _____

NAME: _____

STREET ADDRESS: _____

CITY _____ **ST.** _____ **ZIP** _____

PHONE # () _____ **FAX:** () _____

ACCOUNT# _____

NAME: _____

STREET ADDRESS: _____

CITY _____ **ST.** _____ **ZIP** _____

PHONE # () _____ **FAX:** () _____

ACCOUNT # _____

NAME: _____

STREET ADDRESS: _____

CITY _____ **ST.** _____ **ZIP** _____

PHONE # () _____ **FAX:** () _____

ACCOUNT # _____

RESALE NUMBER: _____

(WE MUST HAVE TAX EXEMPTION CERTIFICATE ON FILE PRIOR TO PURCHASE – OR SALES TAX WILL BE ADDED)

DO YOU REQUIRE A PURCHASE ORDER NUMBER? _____

PLEASE REMIT FROM INVOICES – TERMS: NET 30 DAYS - STATEMENTS ARE SENT AS A COURTESY
A FINANCE CHARGE WILL BE ASSESSED ON ALL PAST DUE AMOUNTS AT 18% ANNUALLY. ALL EQUIPMENT
REMAINS THE PROPERTY OF THE SELLER UNTIL THE TOTAL BILL IS PAID. LIEN RIGHTS REMAIN THE PRIVILEGE
OF THE SELLER. IF IT IS NECESSARY TO EMPLOY AN ATTORNEY OR INCUR ANY OTHER COSTS TO COLLECT ON
THIS ACCOUNT, I AGREE TO PAY ALL SUCH COSTS INCURRED.

SIGNATURE: _____ **TITLE:** _____ **DATE:** _____