



2430 NORTH FOREST ROAD, SUITE 125
GETZVILLE, NY 14068
CREDIT APPLICATION

Company name: Telephone: Fax:

Street: City:

State: Zip: Sales Tax Exemption No.: (Please attach copy of certificate)

Type of Company: Corporation Partnership Sole Proprietorship Other

Federal EIN or Social Security No.: Years in business:

Are you a division of another company? If yes, Parent name and address

President / Owner name: Email:

Accounts Payable Contact: Accounts Payable Telephone:

Accounts Payable Contact Email: Email address to send invoices:

Salesperson: Estimated amount of first order:

THE FOLLOWING INFORMATION MUST BE PROVIDED IN FULL. PLEASE PROVIDE TRADE REFERENCES CURRENTLY PROVIDING CREDIT IN AN AMOUNT EQUAL TO OR GREATER THAN THE CREDIT LINE REQUESTED. REQUESTED CREDIT LINE

1. Company: Contact: Street: Email: City: State: Zip: Product or service purchased: High Credit:

2. Company: Contact: Street: Email: City: State: Zip: Product or service purchased: High Credit:

3. Company: Contact: Street: Email: City: State: Zip: Product or service purchased: High Credit:

4. Bank: Loan Officer: Street: City, State Zip: Telephone: Email:

AGREEMENT: The undersigned applicant understands and agrees that, upon approval of credit, prompt payment in accordance with Empire Emco, Inc.'s terms of Net 30 days is expected and agrees to pay all reasonable fees that may be incurred in any collection effort, including reasonable attorney's fees whether before or after suit. The undersigned consents to the release of credit history.

Signature: Name:

Title: Date: