

Taylor Equipment Distributors, Inc.

Credit Application

Company Name:						
DBA (if different):						
Accounts Payable C	Contact:					Email:
Address:						
City				ST		Zip:
Phone				Fax		
Email				Alterna	te Phone #	•
Federal Tax ID or S	ocial Security number:			_		
Type of business:				No. of	Employees:	
Date Business Established:			No. of Locations:			
□ CORPORATION State of Incorporation			□ PARTNERSHIP □ SOLE PROPRIETORS			
Owners/Partners/C	Officers Information					
Name:				Title:		
Home Address:						
City				ST		Zip:
Phone:				Social S	ecurity Nun	nber:
Name:				Title:		
Home Address:						
City				ST		Zip:
Phone:				Social S	ecurity Nun	nber:
Name:				Title:		
Home Address:						
City				ST		Zip:
Phone:				Social So	ecurity Nun	
Are you sales tax ex	=		Yes		No	If Yes, please provide Certificat
Have you ever had	credit with us before?		Yes		No	
TRADE REFERENCE	s					
Reference #1	Name Account #					
REQUIRED	Address					
-	Phone			ı	Fax #	
Reference #2 Name				,	Account #	
REQUIRED	Address					
	Phone			I	Fax #	
Reference #3	Name				Account #	
REQUIRED	Address					
-	Phone				Fax #	

Phone #	Fax #			
Contact person				
Name of Bank				
Address				
C	ontact person ame of Bank	ontact person ame of Bank		

I represent that the above information is true and is given to induce Taylor Equipment Distributors, Inc. to extend credit to the applicant. My company and I authorize Taylor Equipment Distributors, Inc. to make such credit investigation, including contacting the above trade references and banks and obtaining credit reports.

My company and I authorize all trade references, banks, and credit reporting agencies to disclose to any and all information concerning the financial and credit history of my company and/or myself.

I have read the terms and conditions stated below and agree to all of these terms and conditions.

Authorized signature:					
Printed name:					
Date:	Title:				

GENERAL TERMS AND CONDITIONS

APPLICANT AGREES THAT CREDIT TERMS ARE NET 10 DAYS FROM DATE OF INVOICE. CLAIMS ARISING FROM INVOICES MUST BE MADE WITHIN FOURTEEN DAYS OF INVOICE DATE. WE RETAIN TITLE TO ALL PRODUCTS UNTIL FULLY PAID. ALL BALANCES IN EXCESS OF 30 DAYS FROM DATE OF INVOICE ARE SUBJECT TO FINANCE CHARGES OF 1½% PER MONTH UNTIL PAID IN FULL. I/WE HEREBY UNCONDITIONALLY PERSONALLY GUARANTEE TAYLOR EQUIPMENT DISTRIBUTORS, INC. PROMPT PAYMENT OF ALL AMOUNTS OWED. IN THE EVENT THAT THAT ANY INVOICE IS NOT PAID ACCORDING TO THE TERMS OF THIS AGREEMENT. IN THE EVENT IT BECOMES NECESSARY FOR TAYLOR EQUIPMENT DISTRIBUTORS, INC. TO INITIATE LITIGATION TO COLLECT UNPAID BALANCES, APPLICANT AGREES TO PAY ALL REASONABLE COURT COSTS, COLLECTION EXPENSES, AND/OR LEGAL FEES. ALL INFORMATION CONTAINED HEREIN IS CONFIDENTIAL.

Please fax or mail this completed Credit Application to:
Taylor Equipment Distributors, Inc. 1595 Cabin Branch Drive Landover, MD 20785 Fax: 301-773-2720
If there are any questions please call 301-773-2700 or visit www.taylor-equipment.com