



# Credit Application

The following information must be completed in full; it will be held in strictest confidence

Name of Company \_\_\_\_\_ (\_\_\_\_\_) Telephone \_\_\_\_\_

Address \_\_\_\_\_ (\_\_\_\_\_) Fax Number \_\_\_\_\_

City \_\_\_\_\_ State/Prov \_\_\_\_\_ ZIP/ Postal Code \_\_\_\_\_ Email Address \_\_\_\_\_

Type of Business: OEM \_\_\_\_\_ Service \_\_\_\_\_ Other (please specify) \_\_\_\_\_

Resale Tax Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_

Name of Principal(s) \_\_\_\_\_ Address \_\_\_\_\_ (\_\_\_\_\_) Telephone \_\_\_\_\_

City \_\_\_\_\_ State/Prov \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

Estimated Yearly Dollar Amount to be Purchased: \$ \_\_\_\_\_ Name of Person(s) Authorized to Purchase: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

Bank Name \_\_\_\_\_ (\_\_\_\_\_) Bank Phone Number \_\_\_\_\_

Bank Address \_\_\_\_\_ City \_\_\_\_\_ State/Prov \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_ Bank Contact \_\_\_\_\_

References should be from inventory suppliers (Fax numbers and email addresses expedite processing)

1. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Company name Address Telephone Account number

City \_\_\_\_\_ State/Prov \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_ Fax Number /Email \_\_\_\_\_

2. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Company name Address Telephone Account number

City \_\_\_\_\_ State/Prov \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_ Fax Number /Email \_\_\_\_\_

3. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Company name Address Telephone Account number

City \_\_\_\_\_ State/Prov \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_ Fax Number /Email \_\_\_\_\_

Applicant agrees to pay Brukar Inc. invoices within Brukar terms (2.5%/15 days or net 30). In the event the account becomes past due, applicant agrees to pay all costs associated with collecting the account. I certify that all the information on this form is correct; further, I fully understand Brukar's credit terms and agree to those terms in consideration of extended credit.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

FAX TO BRUKAR INC. AT (905) 847-9412 – ATTENTION CREDIT DEPARTMENT OR EMAIL TO: RODICAS@BRUKARINC.COM