



Application for Open Account

Company Name: \_\_\_\_\_
Address (Ship to): \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_
(Mail to): \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Is Business Owned: Individually \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Other \_\_\_\_\_

Name of Owners, Partners, Officers, & Titles:
\_\_\_\_\_
\_\_\_\_\_

Nature of Business: \_\_\_\_\_

Credit References with whom you have established OPEN ACCOUNTS:

Table with 3 columns: Company Name, Fax Number, Phone Number. Includes three rows of blank lines for data entry.

Persons authorized to place orders for your company (Names & Titles):
\_\_\_\_\_
\_\_\_\_\_

Purchase Order Number required: YES \_\_\_ NO \_\_\_ Federal ID # \_\_\_ - \_\_\_\_\_
Taxable: YES \_\_\_ NO \_\_\_ (If no, please attach Tax certificate)
Accounts Payable Contact: \_\_\_\_\_ PH # \_\_\_\_\_
Accounts Payable E-Mail address: \_\_\_\_\_ FAX # \_\_\_\_\_

BY SIGNING THIS APPLICATION YOU AGREE TO THE FOLLOWING:
Unpaid balances over 30 days from the invoice date will be assessed 1.5 % interest per month. Wholesale Bearing & Drive Supply aggressively pursues collection of its overdue accounts receivable. Any invoice(s) which require legal assistance for collection will be subject to reasonable attorney fees in addition to the above referenced interest.

Signature & Title \_\_\_\_\_ Date \_\_\_\_\_

We look forward to servicing your
Bearing & Power Transmission Requirements