



CONFIDENTIAL CREDIT APPLICATION

FAX COMPLETED APPLICATION TO: FAX # 954 917 7337

Corporation Partnership Proprietorship

Company Name: _____

Full Address: _____ City _____ State _____ Zip: _____

Phone: (____) _____ Fax: (____) _____ E-MAIL ADDRESS: _____

Description of Business: _____ Year Established: _____

LIST OF MAJOR PRINCIPALS IN YOUR ORGANIZATION

Name: _____ Title _____ Cell Phone: _____

Name: _____ Title _____ Cell Phone: _____

BANK REFERENCES:

Bank Name: _____ Branch: _____

Full Address: _____

Contact: _____ Phone: (____) _____

Checking Account # _____ Savings Account No.: _____

Line of Credit: _____ Other: _____

ACTIVE TRADE REFERENCES (Please list the names of your major suppliers from whom you buy on open account.)

1. **Company Name:** _____ **Account Number:** _____

Phone: (____) _____ **Fax:** (____) _____ **E-Mail address:** _____

Average Monthly Purchases: _____ Previous year annual spend _____

2. **Company Name:** _____ **Account Number:** _____

Phone: (____) _____ **Fax:** (____) _____ **E-Mail address:** _____

Average Monthly Purchases: _____ Previous year annual spend _____

3. **Company Name:** _____ **Account Number:** _____

Phone: (____) _____ **Fax:** (____) _____ **E-Mail address:** _____

Average Monthly Purchases: _____ Previous year annual spend _____

Average total spend on "Service Based" Monthly Purchases from all current supply base: \$ _____

Approximate number of elevators on maintenance: _____

Circle all areas of business capability that apply: Maintenance Modernization New Construction

The undersigned authorizes the above references to release information as it relates to this credit application and agrees to adhere to our terms and conditions of sale.

Signature of Officer: _____ Printed Name: _____ Title: _____ Date: _____