SIGNATURE (PARTNER)

FTG EQUIPMENT SOLUTIONS, INC.
100 Paper Place, New Castle, DE 19720
Bus: (855) 303-7900 Fax: (302) 231-1162 sales@ftgequipment.com

## **CREDIT APPLICATION & BASIC SALES AGREEMENT**



DATE

					0
Corp Legal Name:		Sole F	Sole Proprietor/Partnership		DATE BUSINESS ESTABLISHED:
		Corporation (state of incorporation)			
ADDRESS:					STATE ORG #:
					FEDERAL TAX ID #:
CITY: STATE:		ZIP:			SALES TAX EXEMPT NUMBER (attached certificate):
TELEPHONE: FAX: EMAIL TO SEND INVOICE:					
PRIMARY PRINCIPAL'S INFORMATION					SOCIAL SECURITY NUMBER:
NAME:			TITLE:		
HOME ADDRESS (Required if Proprietorship)					BIRTH DATE:
CITY: STATE:			ZIP: PRINCIPAL'S EM		EMAIL
•A bank reference, including the name of your bank, the phone number, fax number, account number •Three trade (business) references. Please include the name, address, phone number, fax number, and your account number(s) for each reference listed.					
What gradit limit are you requesting?					
What credit limit are you requesting?			Are you requesting:		Net terms
NOTE: Please submit a current resale certificate and W9 form. Long Term financing may require additional information.					
rand inexisplation on the above company or individual(s), as appropriate (permoter of the Purpose of providing protect) or to be obtained to the control of the purpose of providing protects or to be obtained to the purpose of providing protects or to be obtained to the purpose of providing protects or to be obtained to the purpose of providing protects or to be obtained to the purpose of purpose of the purpose of purpose of the purpose of the purpose of purpose of the purpose of purpose of the pu					
SIGNATURE (Must be signed by a Company Officer)			TITLE		DATE
X					

TITLE