Form: GEF1289502 Version: 1.0

Release Date: January 01, 2010 **Department:** Accounting/Credit



Open Account Credit Application

Supersedes All Previous Communications

Telephone: 800.533.0524 • +507.451.5510 Telefax: 877.344.4375 • +507.451.5511 Legal Company Name_____ Business Operating Name_____ Bill to Address City _____ State/Province ____ Zip/Postal Code ____ Country ____ Telefax _____ Telephone ____ Type of business: Corporation (State) Partnership Proprietorship Number of years in business Number of years under present owner(s) or Management Resale Tax Number Company Website Principal Stockholder(s) or Partners Sales Manager Email Address Accounts Payable Manager Email Address **National Trade References** PLEASE LIST FIVE (5) REFERENCES WITH TELEFAX NUMBERS. LOCAL REFERENCES <u>NOT</u> ACCEPTED. Account Number Telephone Number _____ Fax Number ____ 2) Name Account Number Telephone Number ______ Fax Number _____ 3) Name Account Number _____ Telephone Number _____ 4) Name _____ Account Number _____ Telephone Number _____ Fax Number _____ 5) Name Account Number _____ Telephone Number _____ Fax Number _____ **INSTRUCTIONS:** Complete this application by supplying the requested information. An Incomplete application will result in processing delays. Allow a minimum of ten (10) working days for processing. For faster service, submit this application via return telefax. I hereby authorize General Equipment Company to obtain credit Information from the references submitted above. Authorized Signature _____ Date _____ Name (Print) _____