



CREDIT APPLICATION

TERMS: Net 10 days from invoice date

Type (choose):

Full Company Name:

Federal Tax ID:

Phone:

Fax:

Year started

Parent Company:

President/Owner

Treas/Contr:

Do you accept e-mailed invoices? No Yes email address:

Billing Address: City: St Zip: County:

Shipping Address: City: St Zip: County:

Bank name: Account #: City & state: Phone: Fax:

Two people authorized to sign checks: 1) 2)

Trade References:	COMPANY NAME	CITY & STATE	PHONE/FAX #	CONTACT NAME
1)	<input type="text"/>			
2)	<input type="text"/>			
3)	<input type="text"/>			

Accounts Payable Information (location where bills are paid from):

Account Payable Contact: Account Payable Contact e-mail: A/P Contact phone: A/P Contact Fax:

Purchasing contact: A/P Supervisor Name A/P Supervisor phone: Payment Terms: Check run dates:

PO Required? No Yes Statement required? No Yes

We are: Taxable Tax Exempt Certificate follows On Direct Pay Permit #:

- Towlift is not responsible for purchase order numbers not provided when order is placed or work performed.
- A 2% late fee will be added to past due accounts at the end of the 2nd calendar month from billing date.
- All returns are subject to a 15% handling charge. Packing slip must accompany returns.
- Credit memos valid on original invoice only, unless original invoice is first paid in full.
- NSF check fees are assessed at \$15 (1st offense), \$20 (2nd offense), and \$25 thereafter.
- In the event the account is turned over to an attorney or other agency for collection, or suit is brought on same, or the same is collected through any judicial proceeding whatsoever, Purchaser shall pay all reasonable attorney's fees and court costs incurred by Seller.

***By my signature, I authorize Towlift, Inc. and/or its leasing company to provide a copy of this signed application for the purpose of obtaining the financial data they require from the bank(s) or trade references listed.**

SIGNATURE OF APPLICANT: _____ **Title:** _____ **Date:** _____

This application MUST be completed and signed to apply for open account. Please print form and sign.

Fax to: 216-741-3544 email: accountsreceivable@towlift.com

or mail to: Towlift, Inc., attn: Credit Dept., 1395 Valley Belt Road, Cleveland, OH 44131

Internal Use Only: SALES REPS! Please show \$ and type of sale before sending application!!						
Type & Amount of Sale:	New	Used	Rental	SVC/Shop	Parts	SIC
Sales Rep name & #	Acct#		Date	Approved by: _____		