



FAX TRANSMISSION

DATE:

TO:

FAX NO:

ATTN: Accounts Payable Dept.

FROM: Janet Heimburger, Accounts Receivable

SUBJECT: Confidential Credit Application

TOTAL PAGES IN THIS TRANSMISSION (including this page): 4

Thank you for your interest in purchasing from Earnest Machine Products Company.

Please complete the Confidential Credit Application included with this cover page.

If you would like to request Net 30 Day Terms, please complete in full the following two pages of the Application, including Signature, Name, and Date at the bottom of Page 3.

If you are interested only in Cash in Advance Terms, you need to complete in full Page 2 only, including name of person providing this information.

If you are interested in Credit Card only, you need to complete page 2 and 4.

Please return the application at your earliest convenience to the fax number or email address below.

Janet
Accounts Receivable
Ph (216) 362-1100 x101
Fax (216) 362-1694
Email jhm@earnestmachine.com



Sales Rep : _____

CONFIDENTIAL CREDIT APPLICATION

EARNEST MACHINE PRODUCTS COMPANY

Return to Accounts Receivable FAX: 216-362-1694

Company name:		
Billing address:		
City:	State:	Zip:
Billing Contact: Name:		Phone:
Fax:	Email:	
Yes, we would like to receive Invoices by: <input type="checkbox"/> e-mail: _____ or <input type="checkbox"/> Fax: _____		
Yes, we would like to receive Acknowledgements by: <input type="checkbox"/> e-mail: _____ or <input type="checkbox"/> Fax: _____		
Shipping address:		
City:	State:	Zip:
Shipping address is: Residential <input type="checkbox"/> Commercial <input type="checkbox"/>		
Purchasing Contact: Name:		Phone:
Fax:	Email:	
Mailing Address for Literature: Billing <input type="checkbox"/> Shipping <input type="checkbox"/> Other: _____		
Ship via:		UPS or FedEx account Number:

Terms Requested: CIA: <input type="checkbox"/>	Credit Card: <input type="checkbox"/> (Complete Page 4)
Net 30 Days: <input type="checkbox"/>	If requesting Net 30 days, please complete page 3.

Type of business:		Date Established:	
Type of entity: Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other: _____			
If Incorporated:		State of Incorporation:	
		Year of Incorporation:	
If State Sales Tax Exempt, please provide sales tax exempt number and copy of state issued exempt certificate if located in OH, IA, GA, CA :			
County:	DUNS #:	NAICS Code:	

Completed By:	Title:	Date:
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For Earnest Machine Use Only:

Terms	CR Limit	Hold Period
<input type="checkbox"/> 30 30 Net 30	<input type="checkbox"/> 500	<input type="checkbox"/> 1 Hold at Entry
<input type="checkbox"/> CH Credit Card	<input type="checkbox"/> 1000	<input type="checkbox"/> 2 Hold at 30
<input type="checkbox"/> CA Cash in Advance	<input type="checkbox"/> 2500	<input type="checkbox"/> 3 Hold at 45
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> 4 Hold at 60
		<input type="checkbox"/> 5 Hold at 90



If requesting Net 30 days, please complete below:

Key Management Members and Owners:	Titles:	Percentage of ownership:

Bank name:		
Bank address:		
City:	State:	Zip:
Phone:	Fax:	
Officer:	Account number:	

Name of trade reference:	Address:	Phone:	Fax:

The above information is provided for the purpose of extending credit to our company on your terms of **NET 30 DAYS**. To the best of our knowledge and belief, the information is accurate and may be relied upon in making your credit decision. We understand that all purchase orders issued by our Company shall be subject to and limited to the Earnest Machine Product Company Terms ("EMP Terms") in effect at the time Earnest Machine accepts the purchase order(s). We understand and agree that any additional or different terms in any proposal, order or other communication by our company is objected to, rejected by, and are not binding on Earnest Machine. We understand that the EMP terms are posted on its website www.earnestmachine.com or may be requested by faxing a request to Customer Service at 216-362-9970. We authorize our bank and suppliers to furnish you any information necessary to complete your evaluation of our credit history.

Signature:	Name and Title:	Date:



Credit Card Information

For credit card accounts only-

We gladly accept MasterCard, Visa, Discover, or American Express.

Type of card :
Credit card number :
CVV2/CVC2 : (3 or 4 digit security number on card)
Expiration date: (MM/YYYY)
Name on the card :
Billing Address of Card Holder
City, State and Zip Code :

May we keep your credit card information in a secure file at Earnest Machine?

Please check: Yes No