

# PREMIER HYDRAULIC SERVICES

## Credit Application

Company Name \_\_\_\_\_

Check Which Applies: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Other \_\_\_\_\_ Specify \_\_\_\_\_

Years In Business \_\_\_\_\_ Number of Employees \_\_\_\_\_ SIC Code \_\_\_\_\_

Nature of Business \_\_\_\_\_

Amount of Credit Requested \_\_\_ < \$500 \_\_\_ \$500 - \$2500 \_\_\_ \$2500-\$5000 \_\_\_ \$5-10,000 \_\_\_ \$10-25,000 \_\_\_ Over \$25,000

How did you hear about our company? \_\_\_ Web \_\_\_ Salesman(\_\_\_\_\_) \_\_\_ Cust Referral \_\_\_ TV \_\_\_ Print  
\_\_\_ Manufacturer (\_\_\_\_\_) \_\_\_ Other (\_\_\_\_\_)

Officers \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

Accounting Contact \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Purchasing Agent \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Sales Tax Exempt? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, include exemption certificate)

Are faxed invoices acceptable? Yes \_\_\_\_\_ No \_\_\_\_\_ E-mail Address \_\_\_\_\_

Do you have EDI capabilities? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what documents? \_\_\_\_\_

Does your company use a credit card? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what card? \_\_\_\_\_

## Billing Address

Street or P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

## Ship To Address (If Different Than Billing Address)

Street or P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

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4303 Popular Level Road – Louisville, Kentucky 40213 – 502/451-8899 – Fax 502/451-9998

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Trade References

Company \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Company \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Company \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Bank Reference**

Bank \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Information Provided By**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name (print or type) \_\_\_\_\_ Title \_\_\_\_\_

All replies are strictly confidential. Please allow 3 days for application to be processed. Terms are net 30 days. A service charge of 1 ½% per mo., 18% annually will be charged on balances not paid within 30 days.

**Internal Use Only**

100 \_\_\_\_\_ 334 \_\_\_\_\_ 801 \_\_\_\_\_ 803 \_\_\_\_\_ 703 \_\_\_\_\_ TFM \_\_\_\_\_ ACCT \_\_\_\_\_

**PREMIER HYDRAULIC SERVICES**  
4303 Poplar Level Road  
Louisville, KY 40213

502/451-8899

Attn: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE NOTE: The following credit agreement **must be signed** BY AN OFFICER or OWNER of the company in order to be approved for an open account.

**CREDIT AGREEMENT**

In submitting this application for extension of credit, I understand that all accounts over 30 days are delinquent and liable to be assigned a late chare of 1-1/2% per month, not to exceed an annual charge of 18% per year. All costs of collection will be the debtor's responsibility, including reasonable attorney fees, should collection through an attorney be necessary. This agreement shall be conclusively deemed to be a material element in each subsequent extension of credit by **Premier Hydraulic Services** until revoked by your company in writing.

Company Name \_\_\_\_\_  
Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Title \_\_\_\_\_

**PLEASE NOTE: IF WE DO NOT RECEIVE YOUR ANNUAL 2002  
RESALE CERTIFICATE YOUR ACCOUNT WILL BE TAXED**