



21300 MacArthur Blvd., Warren, MI 48089
 248-909-4908 Fax: 248-549-9426
www.quantumforklift.com



APPLICATION FOR CREDIT

Company Name: _____

Phone # _____ Fax # _____ Website: _____

Billing Address: _____

Multiple Facility Address(es) _____

TYPE: (CIRCLE ONE) Corporation Proprietorship Partnership Year established: _____

TAX ID# _____ # of years at present location _____

Purchase Order Required? _____ YES _____ NO Hours of Operation: _____

How did you hear about us? _____ SIC or NAICS code: _____

Additional Authorized Contact(s) Name(s) & E-mail(s) _____

Bank Information:

Bank Name: _____ Contact: _____

Address: _____

Phone: _____ Account #: _____

**If your bank requires, please send a signed authorization for bank to release information.*

IF APPLICABLE PLEASE ATTACH A COPY OF YOUR MICHIGAN SALES AND USE TAX CERTIFICATE OF EXEMPTION

ACCOUNTING:

Please indicate below how you would prefer to receive your invoices:

Fax No: _____ Email Address: _____

COD CREDIT CARD NET 30 TERMS

Credit References:

Company Name: _____ Fax _____

Address: _____ Email _____

Company Name: _____ Fax _____

Address: _____ Email _____

Company Name: _____ Fax _____

Address: _____ Email _____

Company Name: _____ Fax _____

Address: _____ Email _____

**Note: All accounts are C.O.D. until credit has been approved,
payment is expected upon completion of work.**

Credit Card transactions are subject to a 3% mark-up. Standard Terms: Net 30 days

If your account reaches 45 days, the account will be placed on HOLD until all past due invoices are paid. Quantum Lift, Inc. reserves the right to place an account for collections should it deem necessary, and your company will be responsible for any costs involved.

I, the undersigned, as an authorized representative of _____,
(Company Name)

agree to meet these terms should credit be extended.

Signed: _____ Title: _____