



1181 Refugee Rd.
 Columbus, OH 43207
 Office: 614-443-4651
 Fax: 614-443-4711
 www.harrs-forklift.com

BILLING/CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION – BILL TO

Company name		Date business commenced	
Phone		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other <input type="checkbox"/> Tax Exempt # (if applicable) _____	COPY OF TAX EXEMPTION FORM MUST BE SENT IN WITH CREDIT APPLICATION
Fax			
E-mail			
Registered company address City, State ZIP Code			

BUSINESS CONTACT INFORMATION – SHIP TO (IF DIFFERENT FROM BILL TO)

Company Name		BANK INFORMATION	
City, State ZIP Code		Name of Bank	
Phone		Location	
Fax		Phone Number	
E-mail		Contact	

BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	Other	

AGREEMENT

- All invoices are to be paid 10 days from the date of the invoice.
- Claims arising from invoices must be made within seven working days, the vendor may be responsible for any and all additional collection expenses incurred while collecting on past due invoices.
- By submitting this application, you authorize Harr's Forklift Service, Inc. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	