



APPLICATION FOR CREDIT

Company Name: _____

Bill to Address, City & State: _____

Phone#: _____ Fax #: _____

Ship to Address: _____

Ship via: Ground Carrier: _____ account #: _____

Freight Carrier: _____ account#: _____

Purchasing Agent & Email: _____

Phone#: _____ Fax #: _____

Accounting Contact: Name: _____

Phone: _____ E-mail: _____

Do you accept invoices via e-mail? Yes__ NO__ If yes, e-mail address _____

Tax ID# _____

Number of years in Business _____ D&B # _____

Resale/Tax Exempt# _____

(Elimstat.com, a Bennett & Bennett company does not collect sales tax, which is the customer's responsibility.)

Bank References

Name: _____

Address: _____

City/State/Zip: _____

Contact Person: _____ Phone#: _____

Credit References (please provide at least 3 or attach your form)

Company Name: _____

Address: _____

City/State/Zip: _____

Contact Person: _____

Fax#: _____ Email address: _____

Company Name: _____

Address: _____

City/State/Zip: _____

Contact Person: _____

Fax#: _____ Email address: _____

888 Dayton Street Suite 105, Yellow Springs, OH 45387 PH: 937/993-0300, Fax: 937/993-0311



Bennett & Bennett

Company Name: _____

Address: _____

City/State/Zip: _____

Contact Person: _____

Fax#: _____ Email address: _____

Please Note: Our Terms are 2% 10, net 30. No exceptions without prior arrangements.