



Remit Payment to:
PO Box 111, Honesdale, PA 18431
Phone: (800)-472-4524 Accts Rec/Collections
Toll Free Fax: (866)-460-5226
excab.com

CREDIT APPLICATION

State tax resale form or certificate must accompany this application

COMPLETE LEGAL NAME OF BUSINESS: _____

BILLING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

SHIPPING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____ FAX: _____ E-MAIL: _____

YEARS UNDER PRESENT MGMT: _____ YEARS AT PRESENT LOCATION: _____

OWNER OF COMPANY: _____ PRESIDENT OF COMPANY: _____

AP CONTACT: _____ PHONE: _____ FAX: _____

PO CONTACT: _____ PHONE: _____ FAX: _____

ARE PURCHASE ORDERS REQUIRED: _____ FEDERAL EMPLOYEE ID #: _____

CREDIT LIMIT REQUESTED: _____ ESTIMATED ANNUAL SALES: _____

SIC CODE: _____

TYPE OF BUSINESS COMPANY IS ENGAGED IN: _____

TYPE OF OWNERSHIP: CORPORATION _____ PARTNERSHIP _____ SOLE PROPIETORSHIP _____ LLC _____

NAME OTHER BUSINESSES AFFILIATED WITH: _____

COMMERCIAL BANK REFERENCE

BANK NAME: _____ ACCOUNT NUMBER: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ LOAN OFFICER NAME: _____

COMMERCIAL TRADE REFERENCES

Trade references that have extended the greatest amount of credit in the last 12 months

TRADE REFERENCE	ACCOUNT#	PHONE#	FAX#
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

STATEMENT OF TERMS

Applicant authorizes Excab, Inc. to obtain credit reports to be used in connection with this application and to obtain further credit information from any persons or firm set forth in this application and from any other source, including credit profiles on individuals responsible for payment. Applicant further authorizes any bank or commercial business with whom the applicant is doing, or has done any type of business, to give any and all necessary information to Excab, Inc., which will assist in the credit investigation.

If credit is granted, applicant agrees to pay for all items purchased from Excab, Inc. within 30 days from the date of invoice, unless noted otherwise. Applicant agrees in the event of default in any payment, to pay all costs of collections, including but limited to, attorney's fees, court cost, and collection agency fees.

Applicant certifies all information furnished is true and correct, and will be relied upon in the granting of credit.

AUTHORIZED SIGNATURE: _____ **TITLE:** _____

PRINT: _____ **DATE:** _____

AUTHORIZED SIGNATURE IS REQUIRED FOR APPROVAL OF APPLICATION