

* Indicates required field.

Date: _____

COMPANY CONTACT INFORMATION

*Company Name _____

*Address _____

*City _____ *State _____ *Zip _____ *Country _____

COMPANY BILLING INFORMATION

*Company Name _____

*Accounts Payable Contact Name _____

*Billing Address _____

*City _____ *State _____ *Zip _____ *Country _____

*Phone Number _____

*Accounts Payable Email Address _____

*Email Address for Delivery of Invoices _____

COMPANY SHIPPING INFORMATION

*Company Name _____

*Shipping Address _____

*City _____ *State _____ * Zip _____ *Country _____

*Phone Number _____ *Email Address _____

SALES TAX INFORMATION

*Please list all states the company is currently sales tax exempt. **Please note you may be billed for sales tax for orders drop shipped to states for which the customer has not provided exemption certificates.**

CREDIT APPLICATION INFORMATION

Parent Company _____

Federal Tax Classification (please check one):

Proprietorship

Partnership

Corporation

Limited Liability Corporation

Federal Tax ID or Social Security Number (if other than Corporate owner) _____

I affirm that the information provided is complete and accurate as of the above date. I further acknowledge that I have read, fully understand and agree to the credit terms and conditions with this application that constitute the credit agreement and am authorized to do so. It is agreed that a fax, or electronically transmitted, copy of this application will be deemed legal and binding, just as the original. You are hereby authorized to obtain and review my personal credit report if ownership status is other than corporation.

*Signature _____ *Print Name _____

*Title _____

Please forward this form and all sales tax exemption certificates to: emcar@electro-mechanical.com

Print document to sign. Document will not be accepted without signature.