

Orion Rigging & Supply

APPLICATION FOR CREDIT

BUSINESS CONTACT INFORMATION

Company name:			
Federal ID#:		Dun & Bradstreet#:	
Phone:	Fax:	E-mail:	
Registered company address:			
City:		State:	ZIP Code:
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:		State:	ZIP Code:
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Bank Contact:	
City:		State:	ZIP Code:
Bank Phone:		Bank Fax:	
Type of account:	Checking _____ Savings _____	Account number:	

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			

Sales Tax Exempt: Yes_____ No_____ If yes, please include tax exemption certificates with credit application.

Purchase Order Required: Yes_____ No_____

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Orion Rigging & Supply to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title: Date:	Title: Date:
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