

OFFICE USE ONLY

Account No. _____



Customer credit application

CUSTOMER PROFILE:

Company name: _____

Billing address: _____ City: _____ State: _____ Zip: _____

Shipping address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Tax ID No.: _____ No. of years at present location: _____ Est. annual purchase: _____

Business type: ☐ Corporation ☐ Partnership ☐ Proprietorship ☐ Franchise

Names of owners and/or officers: _____

Website: _____

BUYER INFORMATION:

Buyer's name: _____ Phone: _____ Email: _____ Fax: _____

Acct. payable name: _____ Phone: _____ Email: _____ Fax: _____

Bank: _____

Bank address: _____ City: _____ State: _____ Zip: _____

Bank contact: _____ Phone: _____

REFERENCES:

Company: _____ Phone: _____ A/P contact: _____ Email: _____

Company: _____ Phone: _____ A/P contact: _____ Email: _____

Company: _____ Phone: _____ A/P contact: _____ Email: _____

The above information is intended for the purpose of obtaining credit and is warranted to be true. I/We authorize our bank and suppliers to furnish you any information necessary to complete our credit history. The purchaser accepts responsibility for, and agrees to pay, any and all applicable sales and use taxes directly to the proper authority for goods not held for resale except as exempted. Signer personally guarantees full payment of any debt owed.

Signature: _____ Title: _____ Date: _____

Please mail or email completed form back to Zephyr Solutions.

ZEPHYR SOLUTIONS, LLC.
1050 Lear Industrial Pkwy Unit 1
Avon, OH 44011 USA

Call: 1-877-275-9374
Email: orders@zephyrsolutions.com