

## Credit Application Instructions

\*\*\* Please read before filling out application \*\*\*

1. Please be sure to include ***at least one (1)*** HEAVY EQUIPMENT PARTS, STEEL OR CRUSHING/PLANT PARTS SUPPLIER as one of your trade references.

**\*\* If you list Nortrax / RDO / PowerPlan, PLEASE list your account number.**

**They will not answer reference requests without it. \*\***

2. The last page **must** be signed by a **PRINCIPAL OFFICER** of the company.

3. List any Accounts Payable contact phone / fax numbers (if different).

**\*\*\* PLEASE TAKE THE TIME OUT TO PROVIDE THE REQUESTED INFORMATION SO THAT WE CAN PROCESS YOUR APPLICATION IN A TIMELY FASHION \*\*\***

Return the completed application by fax to (909) 825-4699, Attn: Accounting Department.

If you have any questions, you can reach Accounting Department at (909) 825-4017.

Thank you.



**Trade References:**

Please identify five (5) credit references. **DO NOT** list fuel, trucking, shipping, or tire companies as your heavy equipment reference. **PROVIDE AT LEAST ONE COMPANY FROM WHOM YOU PURCHASE HEAVY EQUIPMENT PARTS, STEEL OR CRUSHING/PLANT PRODUCTS.**

1. Vendor Name \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

2. Vendor Name \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

3. Vendor Name \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

4. Vendor Name \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

5. Vendor Name \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

**Terms and Conditions:**

**Applicant**, in consideration of the extension of credit by CUTTING EDGE SUPPLY CO. agrees to the following payment terms and conditions:

- **Payment is due upon receipt of invoice. You are being granted a 30 day grace period for processing and mail time.**
- **Balances not received within 30 days of invoice date are past due and subject to finance charges.**
- **A 1.5% monthly (18% per annum) finance charge will be payable on all past due balances.**
- **Applicant further agrees to pay all collection costs, including attorney fees and court costs related to collection efforts on past due accounts.**
- **Each of the undersigned individuals promises to pay and personally guarantees that all monies due Cutting Edge Supply Company, on this account, will be paid in full.**

**Special Purchasing Requirements:**

- Does Sales Tax Apply? \_\_\_\_\_ (If NO, a valid Resale Card must be provided)
- Purchase Order Required? (Y / N) (If Y, Orders will not be shipped without P.O. Numbers)

Please List Authorized Purchasers: \_\_\_\_\_

- **(Req'd)** Accounts Payable Contact: \_\_\_\_\_

A/P Phone: \_\_\_\_\_ A/P Fax: \_\_\_\_\_

A/P Email: \_\_\_\_\_

**Authorization of Credit Check:**

I hereby authorize my banking reference and trade credit references, as listed on this application, to release credit information as required by CUTTING EDGE SUPPLY CO.

Applicant, by signing this form, acknowledges that he/she has read same, understands its contents and expressly agrees to its terms and conditions as stated hereon. **This form must be signed by a Corporate Officer, General Partner, or Owner(s).**

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date