



P.O. Box 484  
 Moncks Corner, SC 29461-0484  
 P: (843) 899-4001

**\*\*\*\*\* CUSTOMER CREDIT APPLICATION \*\*\*\*\***

THIS CREDIT APPLICATION IS TO BE COMPLETED BY AN AUTHORIZED INDIVIDUAL OF THE CUSTOMER MAKING THE APPLICATION. WE SUGGEST YOU RETAIN A COPY OF THIS DOCUMENT FOR YOUR FILES. EMAILED COPIES OF THIS FORM ARE ACCEPTED IN ORDER TO BEGIN PROCESSING THE INFORMATION. PAYMENT TERMS: NET/30. ANY ACCOUNT NOT PAID WITHIN 15 DAYS OF THE INVOICE DATE WILL BE CHARGED 1 1/2% FINANCE CHARGE PER MONTH.

**CUSTOMER INFORMATION**

EXACT NAME OF FIRM OR INDIVIDUAL: _____		FEDERAL TAX ID #: _____	DNB/DUNS #: _____
BILLING ADDRESS: _____		SHIPPING ADDRESS: _____	
CITY, STATE, ZIP _____		CITY, STATE, ZIP _____	
PHONE # _____	FAX # _____	PHONE # _____	FAX # _____
TYPE OF ORGANIZATION: (PARTNERSHIP, LLC, ETC.) _____			
KEY PERSONNEL: PRESIDENT: _____		_____	
PURCHASING AGENT: _____		_____	
CONTROLLER: _____		_____	
ACCOUNTS PAYABLE: _____		_____	
TYPE OF BUSINESS: _____		YEARS IN BUSINESS: _____	
PURCHASE ORDER REQUIRED: YES OR NO			
ARE YOU SALES TAX EXEMPT? _____ IF YES, ATTACH CERTIFICATE OR SALES TAX WILL BE CHARGED			

**BANK REFERENCE**

_____	_____	_____	_____	_____
BANK NAME	CITY, STATE	PHONE #	ACCOUNT #	CONTACT

**TRADE REFERENCES (Three Required)**

NAME OF COMPANY	ADDRESS	PHONE	FAX
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

BY SIGNING THIS FORM AUTHORIZATION IS GRANTED TO THE TRADE REFERENCES ABOVE TO RELEASE CREDIT HISTORY TO BULLZEYE EQUIPMENT & SUPPLY, LLC. AND ITS ASSIGNS. CUSTOMER AGREES TO PAY ALL COLLECTION AND LEGAL FEES IF SUCH ACTION BE NECESSARY. BULLZEYE EQUIPMENT & SUPPLY RETAINS OWNERSHIP OF ALL PRODUCTS UNTIL PAID IN FULL.

_____	_____
SIGNATURE	TITLE
_____	_____
ABOVE NAME PRINTED	DATE

\*\*\*\* PLEASE RETURN BY MAIL OR EMAIL TO KCOLLINS@BULLZEYEEQUIPMENT.COM \*\*\*\*