

Bearing-Belt & Chain, Inc

729 E Buckeye Rd Phoenix, AZ 85034 Phone: 602-252-6541 Fax: 602-254-8151
430 W 22nd St Tucson, AZ 85713 Phone: 520-792-1231 Fax: 520-623-5610
1200 VIP Blvd Casa Grande, AZ 85122 Phone: 520-836-0292 Fax: 520-836-3010
EMAIL: AR@bbcarizona.com

CREDIT APPLICATION

Terms: 30 Days

APPLICANT NAME: _____

__ Corporation __ Partnership __ Individual ____ Years in business
If Corporation or Partnership, list officers or partners

DUN & BRADSTREET # _____

* If no D&B number then credit references must be cleared prior to terms *

<u>Name:</u>	<u>Title:</u>	<u>Address:</u>
1. _____	_____	_____
2. _____	_____	_____

Business Address: _____

Billing Address: _____

Accounts Payable Contact Info: _____
Name/Email/Phone #

Maintenance or Purchasing Contact Info: _____
Name/Email/Phone #

ARE YOU TAX EXEMPT YES { } NO { }
** MUST INCLUDE THE TAX EXEMPT CERTIFICATE **

I hereby certify that the above information is complete and correct and is given for the purpose of obtaining a maximum credit line in the amount of \$ _____. All purchases are payable in 30 days from date of invoice. In Consideration of the extension of credit, the undersigned agrees to pay 18% per annum on delinquent account and reasonable court cost and attorney fees if the above account is not paid and enforcement proceedings are commenced.

Signature of Applicant: _____ Title: _____

❖ **PLEASE NOTE**

❖ **MUST have 3 or more References respond with details.**
❖ **Thank you in advance for your patience!**

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References:

1.

Company:	Phone:
Email (Required):	Fax:
Address:	City/State/ZIP

2.

Company:	Phone:
Email (Required):	Fax:
Address:	City/State/ZIP

3.

Company:	Phone:
Email (Required):	Fax:
Address:	City/State/ZIP

4.

Company:	Phone:
Email (Required):	Fax:
Address:	City/State/ZIP

5.

Company:	Phone:
Email (Required):	Fax:
Address:	City/State/ZIP

Bank Reference:

Name	Email/Fax:
Address:	City/State/Zip Code:
Account Type:	Account Number:

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