



Custom Fluid Power, Inc.
 16083 N Franklin Blvd.
 Ste. 4
 Nampa, ID 83687

Phone: 208-461-7153 Fax: 208: 461-7901

FOR INTERNAL USE ONLY
 ACCT # _____
 CREDIT LIMIT _____
 DATE APPROVED: _____

NEW CREDIT APPLICATION AND AGREEMENT

Please return completed application to: cbuttars@customfluidpwr.com or Fax: 208-461-7901

COMPANY INFORMATION:

COMPANY NAME: _____ PHONE #: _____
 BILLING ADDRESS: _____ FAX #: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 SHIPPING ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 WEBSITE: _____
 DUN & BRADSTREET #: _____ YEAR COMPANY WAS ESTABLISHED: _____

OWNERSHIP INFORMATION

FEDERAL ID NUMBER / SSN: _____
 PRINCIPAL NAMES: _____ TITLE: _____
 PRINCIPAL NAMES: _____ TITLE: _____
 TYPE OF BUSINESS: SOLE PROPRIETORSHIP PARTNERSHIP LLC CORPORATION

SALES TAX INFORMATION

ARE YOU TAXABLE? YES RATE _____%
 NO RESALE/ EXEMPTION # _____ (Signed copy of exemption is required .)

CONTACT INFORMATION

1. PURCHASING CONTACT: _____ PHONE: _____
 EMAIL ADDRESS: _____ FAX: _____
 2. ACCOUNTING CONTACT: _____ PHONE: _____
 EMAIL ADDRESS: _____ FAX: _____
 3. SALES CONTACT: _____ PHONE: _____
 EMAIL ADDRESS: _____ FAX: _____



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TRADE REFERENCES

**Please provide at least three other companies your business has established credit with previously.*

1 | COMPANY _____ **CONTACT** _____

PHONE # _____ **FAX #** _____

ADDRESS _____ **EMAIL** _____

CITY _____ **STATE** _____ **ZIP** _____

2 | COMPANY _____ **CONTACT** _____

PHONE # _____ **FAX #** _____

ADDRESS _____ **EMAIL** _____

CITY _____ **STATE** _____ **ZIP** _____

3 | COMPANY _____ **CONTACT** _____

PHONE # _____ **FAX #** _____

ADDRESS _____ **EMAIL** _____

CITY _____ **STATE** _____ **ZIP** _____

Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis for the extension of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct.

In consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed, Net 30, and agrees to pay a service charge of 1-1/2% per month (18% annual percentage rate) on all past due balances. In the event any third parties are employed to collect any outstanding monies owed by said business, the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

I, _____, **certify the included information to be true and correct.**

PRINT NAME HERE

SIGNATURE

TITLE

BUSINESS NAME

DATE