



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](mailto: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**