



7141 Paramount Blvd. Pico Rivera, CA 90660
 Phone: 800-989-5244, 562-949-8625 Fax: 562-949-4875

CREDIT APPLICATION: Please complete and sign, or attach your company application signed and dated.

Date: _____ We are a: Sole Proprietorship _____ Corporation _____ Partnership _____

Company Name _____ Year Established _____

Phone _____ Fax _____ Tax ID # _____

Type of Business _____

Mailing Address _____

Ship-To Address _____

Name of Officers or Owners _____

Tax Status of Purchases: Taxable ___ Non-Taxable ___ Resale ___ Resale Permit # _____

If Resale, please submit a copy of your resale information. Accounts Payable Contact _____

Credit Line Amount: \$2000.00 ___ \$5000.00 ___ Other _____

Please list Bank References (Name, Address, Phone, Fax, Account Numbers)

Please list four major Trade References (Name, Address, Phone, Fax, Account Number)

If company is not incorporated, Valtra, Inc. / Good Hand, Inc. requires a personal guarantee from the Business Owner. I hereby will be responsible for payment and agree to payment terms of sale.

By: _____ Date: _____
 Applicant Signature & Title (must be by Officer or Partner)

By: _____ Date: _____
 Guarantor's Signature & Title

Valtra, Inc. and Good Hand, Inc. are two separate companies. You may use the same P.O. Number to purchase from both, however, you must remit to the company that invoices you.