

# BAT EQUIPMENT SERVICES, INC.

4858 CECILE AVE

LAS VEGAS, NV 89115

Phone: 702-998-8100 Fax: 702-998-8101

## Credit Application

Firm Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Year Business Opened: \_\_\_\_\_

Federal ID # or SS #: \_\_\_\_\_ Principals Name: \_\_\_\_\_

Will products be used for resale? \_\_\_\_\_ If yes, Resale #: \_\_\_\_\_ P.O. Required ? \_\_\_\_\_

Accounts payable contact: \_\_\_\_\_ Email: \_\_\_\_\_

### Bank References

Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date Account Opened: \_\_\_\_\_

### Trade References

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

The undersigned hereby agrees that should a credit account be opened, and in the event of default in the payment of any amount due, there will be a 1.5% interest charge per month charged on the account until the balance is paid. Terms are 30 days unless otherwise specified.

The undersigned individual who is either a principal of the credit applicant or a sole proprietorship of the credit applicant, recognizing that his or her credit history of the applicant, hereby consent to and authorizes the use of a consumer credit report on the undersigned by the above named grantor, from time to time as may be needed, in the credit evaluation process.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

### Internal Use Only

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_ Credit Limit: \_\_\_\_\_