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**CREDIT APPLICATION**

COMPANY NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

AREA CODE & TELEPHONE NUMBER \_\_\_\_\_

AREA CODE & FAX NUMBER \_\_\_\_\_

NUMBER OF YEARS IN BUSINESS UNDER ABOVE NAME \_\_\_\_\_

PLEASE LIST ALTERNATE NAMES, if applicable \_\_\_\_\_

ESTIMATED ANNUAL SALES \_\_\_\_\_ SALES AREA \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_ NUMBER OF SALES REPS \_\_\_\_\_

PLEASE TELL US HOW YOU HEARD ABOUT EDIC \_\_\_\_\_

**OWNERS, PRINCIPALS, & OFFICERS:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

WHAT IS YOUR RESALE NUMBER? \_\_\_\_\_

DO YOU SELL NOW, OR HAVE YOU EVER SOLD FLOOR MACHINES OR VACUUM CLEANERS?

YES \_\_\_\_\_ PLEASE LIST BRAND NAME(S) \_\_\_\_\_

NO \_\_\_\_\_

ARE YOU A MEMBER OF THE ISSA? YES \_\_\_\_\_ NO \_\_\_\_\_

**BANK REFERENCE:**

BANK: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

CONTACT NAME OF BANKER: \_\_\_\_\_

*The undersigned authorizes and releases all banks, persons, and companies listed on this application to furnish information.*

SIGNATURE: \_\_\_\_\_ TITLE \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

**CREDIT REFERENCES:**

*NAME* \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY / STATE / ZIP \_\_\_\_\_

AREA CODE AND TELEPHONE NUMBER \_\_\_\_\_

AREA CODE AND FAX NUMBER \_\_\_\_\_

*NAME* \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY / STATE / ZIP \_\_\_\_\_

AREA CODE AND TELEPHONE NUMBER \_\_\_\_\_

AREA CODE AND FAX NUMBER \_\_\_\_\_

*NAME* \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY / STATE / ZIP \_\_\_\_\_

AREA CODE AND TELEPHONE NUMBER \_\_\_\_\_

AREA CODE AND FAX NUMBER \_\_\_\_\_

*NAME* \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY / STATE / ZIP \_\_\_\_\_

AREA CODE AND TELEPHONE NUMBER \_\_\_\_\_

AREA CODE AND FAX NUMBER \_\_\_\_\_

**I agree to the following terms and conditions:**

- ✓ Credit terms are 1% 10 net 30
- ✓ To pay 1.5% per month (18% per annum) interest on all past due invoices.
- ✓ To pay all attorney, court, and other expenses accrued by EDIC related to collection efforts.

**SIGNATURE:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_