

CREDIT APPLICATION

*To avoid delay in processing, please provide the following information and sign where indicated.
All information to be held in confidence.*



Concept Machine Tool
 Fax completed application to (763) 553-7704
 Accounting E-mail - Accounting@conceptmachine.com

→ BILL TO	Legal Company Name	Years in Business
	Street Address	Federal ID #
	City/County/State/Zip	Phone No. () -
	Contact/Title	Fax No. () -

How do you prefer to receive Invoices and Statements?	PLEASE FAX <input type="checkbox"/> PLEASE EMAIL (CHOOSE ONE OPTION) <input type="checkbox"/>	E-Mail
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→ SHIP TO	Company
	Street Address
	City/State/Zip
	Contact/Title

TAX EXEMPT INFORMATION	Please Check One: Yes <input type="checkbox"/> If yes, please attach a signed exemption certificate with this application. No <input type="checkbox"/>
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TRADE REFERENCES <small>Can be provided via attachment.</small>	Company Name	Fax No.
	1.	() -
	Address (City, State)	Phone No.
		() -
	Company Name	Fax No.
	2.	() -
Address (City, State)	Phone No.	
	() -	
Company Name	Fax No.	
3.	() -	
Address (City, State)	Phone No.	
	() -	

BANK INFORMATION <small>Can be provided via attachment.</small>	Bank Name/Branch	Account Number	Phone No.
			() -
			Fax No.
			() -

→ AUTHORIZATION (Required)	Applicant's signature attests financial responsibility to pay our invoices in accordance with our terms. Standard terms are Net 30 Days unless otherwise pre-arranged. Past Due Accounts are subject to a 1 ½% Service Charge per month. In the event the account becomes seriously delinquent, the undersigned agrees to pay reasonable fees incurred in the collection of delinquent amounts.
	X _____ Signature/Title
	_____ Date