



Application for Credit

The following information must be completed in FULL and will be held in confidence.

Business Name: _____

Billing Address: _____

City _____ State _____ ZIP _____

Phone No _____ Fax No _____

E-mail _____ Web Page _____

Sales Tax No _____ Corp _____ Partnership _____ Individual _____

Principal(s) Officers _____

Approximate monthly purchases form EATON Detroit Spring _____

Delivery address (if different from above) _____

Financial Institution _____

Address _____

City, State, Zip _____ Phone _____

Trade References

1. Company Name _____ Phone No _____
Contact _____ Fax _____

2. Company Name _____ Phone No _____
Contact _____ Fax _____

3. Company Name _____ Phone No _____
Contact _____ Fax _____

Terms: Net 30. 1-½ % service charges (18%per annum) on all accounts past due. COD. on all accounts over 45 days.

I certify that the information on this form is correct and that we fully understand the terms on which credit is provided.

Signature & Title _____ Date _____