



# ERGONOMIC CONCEPTS®

## CREDIT APPLICATION

Trade/Company Name \_\_\_\_\_

Bill To Address \_\_\_\_\_ Federal ID# \_\_\_\_\_  
Dunn & Bradstreet # \_\_\_\_\_

Ship To Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Fax # \_\_\_\_\_

Principal \_\_\_\_\_

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### Financial Institution

Bank Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
Contact Person \_\_\_\_\_ Title \_\_\_\_\_

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### Trade References

(1)  
Company Name \_\_\_\_\_ Contact Name \_\_\_\_\_  
Address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

(2)  
Company Name \_\_\_\_\_ Contact Name \_\_\_\_\_  
Address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

(3)  
Company Name \_\_\_\_\_ Contact Name \_\_\_\_\_  
Address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

\*\*\*\*Please send a copy of your Resale Certificate\*\*\*\*