



Ives Equipment Corporation
610-768-1600

Stocking Representative
for Process Control
Equipment

Credit Application

Name of Company: _____

Street Address: _____

Billing Address: _____

Telephone Number: _____ Purchasing Number: _____

County: _____ Tax Exempt: Yes _____ No _____

If Tax Exempt, please include Tax Exempt Certificate.

Date business was started: _____ Type of Business: _____

Owner's Name: _____ Monthly \$ Requirements: \$ _____

Check one: Structure Sole Proprietorship Partnership Corporation _____

References:

Company Name: _____ Telephone Number: _____

Address: _____ Fax Number: _____

Company Name: _____ Telephone Number: _____

Address: _____ Fax Number: _____

Company Name: _____ Telephone Number: _____

Address: _____ Fax Number: _____

I (We) understand the information furnished to you on this application is for the purpose of obtaining open account credit for my (our) business.

Signature/Title

Date

Please fax back to (610) 768-1605, to my attention. Thank you.