

PRECISION PORTABLE MACHINE, INC.

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Phone (559) 268-1430 ~ Fax (559) 268-1455
office@precisionportable.com

CREDIT APPLICATION

BUSINESS NAME: _____

ADDRESS: _____ PHONE: _____

EMAIL: _____ FAX: _____

Is your business a Corporation: _____ Partnership: _____ Sole Proprietorship: _____

Resale#: _____ Federal Tax ID#: _____

Principals and Partners or Owner's Name	Title
_____	_____
_____	_____

Years your company has been in business: _____ At this location: _____

CREDIT REFERENCES:

NAME: _____ PHONE: _____

ADDRESS: _____ FAX: _____

NAME: _____ PHONE: _____

ADDRESS: _____ FAX: _____

NAME: _____ PHONE: _____

ADDRESS: _____ FAX: _____

BANK INFORMATION:

NAME: _____ PHONE: _____

ADDRESS: _____ FAX: _____

CREDIT TERMS: All accounts due and payable upon receipt. 3% interest per month shall be charged to all overdue balances. All collection costs shall be paid by the applicant. We reserve the right to discontinue this service at any time for any reason. I (we) hereby state that I have read and understand the credit terms and accept responsibility for payment in full each month.

Signature

Title

Date