



FORKLIFTS | MICHIGAN

Expect More.

7410 Expressway Drive SW
Grand Rapids, MI 49548
Phone: (616) 455-2376
Fax: (616) 455-2613

CONFIDENTIAL CREDIT APPLICATION

Name of Firm: _____

Name of Owner: _____

Bill to: _____

Ship to: _____

Bill Contact: _____

Ship Contact: _____

Phone Number: _____

Phone Number: _____

Fax Number: _____

Fax Number: _____

Type of Business: Corporation / Partnership / Individual

Years in Business: _____

Is your business tax exempt: No / Yes, if yes please attach exemption certificate.

Does your business require purchase orders: Yes / No

Dates when checks are released: _____

Provide name and phone number of the banks in which you have accounts:

I understand that terms are **Net 15 Days**; I believe our firm is financially able to pay for all materials according to these terms. Please initial: _____

Please provide and authorize Forklifts of Michigan to contact the following credit references.

Please initial: _____

Name / Address / Phone / Fax / E-mail

1) _____

2) _____

3) _____

4) _____

Print Name: _____ Sign Name: _____

Title: _____ Date: _____