

1-800-843-ESCO (3726)  
or  
Fax 1-605-882-1205



ESCO MFG., INC.  
2020 4th Avenue SW  
Watertown, SD 57201

**CREDIT APPLICATION**

Dear Customer:

We are pleased to accept this application for credit in complete confidence. We hope the few minutes it takes you to complete this form will be the start of a pleasant and lasting relationship.

Your cooperation in providing the following information will help us to establish your credit and better serve your future business needs. All information will be held in the strictest confidence. Your application will be reviewed and you will be notified in writing of our determination. Please allow four weeks for the processing of this application.

Please print or type:

COMPANY NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_

NAME OF A/P PERSON: \_\_\_\_\_ DATE BUSINESS STARTED: \_\_\_\_\_

YEARS UNDER PRESENT MANAGEMENT: \_\_\_\_\_ # OF YEARS AT THIS LOCATION: \_\_\_\_\_

IS THIS CONCERN A: \_\_\_\_\_ CORPORATION - Business ID # \_\_\_\_\_

\_\_\_\_\_ PARTNERSHIP - Business ID # \_\_\_\_\_

\_\_\_\_\_ SS# of Principal Partners \_\_\_\_\_

\_\_\_\_\_ PROPRIETORSHIP

\_\_\_\_\_ SS# of Proprietor \_\_\_\_\_

RATED WITH DUN & BRADSTREET: \_\_\_\_\_ YES \_\_\_\_\_ NO

PLEASE INDICATE THE TYPE OF ACCOUNT FOR WHICH YOU ARE APPLYING:

\_\_\_\_\_ OPEN ACCOUNT \_\_\_\_\_ COMPANY CHECK \_\_\_\_\_ SECURED CREDIT

AMOUNT OF CREDIT REQUESTED: \_\_\_\_\_

ALL REQUESTED INFORMATION MUST BE PROVIDED BEFORE CONSIDERATION CAN BE GIVEN TO ESTABLISHING CREDIT.

BANK REFERENCE: (Please indicate a bank you are currently using and with which you have had credit experience.)

BANK NAME: \_\_\_\_\_ MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

CREDIT REFERENCES: (Please include only those creditors with which your highest balance was equal to or greater than this credit request.)

CREDITOR NAME: \_\_\_\_\_ FAX NO.: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

CREDITOR NAME: \_\_\_\_\_ FAX NO.: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

CREDITOR NAME: \_\_\_\_\_ FAX NO.: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

The above information is offered for consideration as a basis for the extension of credit.

Please mail this completed form along with your completed and most recent financial statement to:

Credit Department  
ESCO Mfg., Inc.  
P.O. Box 1237  
Watertown, SD 57201

AUTHORIZATION TO RELEASE INFORMATION

\_\_\_\_\_ authorizes ESCO Mfg., Inc. to contact our creditors, along with trade and bank references for credit information. We further authorize said creditors and references to release our credit information to ESCO. Copies of this authorization are acceptable. Credit information may include a current balance sheet and/or profit and loss statement and is to be considered confidential.

Print name and title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_