



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.

COMPANY NAME: _____

MAILING ADDRESS: _____ STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ FAX: _____

NAME OF OWNER: _____ EMAIL: _____

NAME OF A/P PERSON: _____ EMAIL: _____

DATE OF 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: _____
PHONE: _____ 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)

1. CREDITOR NAME: _____ FAX NO: _____
MAILING ADDRESS: _____ CITY: _____ STATE _____ ZIP: _____
PHONE: _____ ACCOUNT NUMBER: _____

2. CREDITOR NAME: _____ FAX NO: _____
MAILING ADDRESS: _____ CITY: _____ STATE _____ ZIP: _____
PHONE: _____ ACCOUNT NUMBER: _____

3. CREDITOR NAME: _____ FAX NO: _____
MAILING ADDRESS: _____ CITY: _____ STATE _____ ZIP: _____
PHONE: _____ ACCOUNT NUMBER: _____

The above information is offered for consideration as a basis for the extension of credit. Please mail, fax, or email this completed form along with your completed and most recent financial statement to:

Credit Department
ESCO Mfg., Inc
Watertown, SD 57201

Fax: 1-605-882-1205
Email: AR@ESCOMFG.COM

ESCO Mfg., Inc
2020 4th Ave SW
Watertown, SD 57201
605-753-8206



Fax / Email back to
Fax: 1-605-882-1205
AR@ESCOMFG.COM

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: _____