



New York Headquarters:

1581 Route 112 – Unit B, Port Jefferson, NY 11776

Phone: 631-468-8851

Fax: 631-569-2446

Email: parts@liheavy.com

CREDIT APPLICATION FORM

Date: _____

Maximum Credit applied for: \$ _____

Name of Firm: _____

Street Address and/or building: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax #: _____

Type of Business: _____

Date business was established: _____

Is business a corporation, llc, sole proprietorship, etc.? _____

____ Corporation ____ Partnership ____ Limited Partnership ____ Proprietorship

____ Government (Please included a copy of partnership agreement if applicable)

Dun & Bradstreet Number: _____

Sales Tax Exception Number: _____

(Please attach copy of the Sales Tax exception Certificate)

Principal Owners or Stockholders: (If more than one attach on separate sheet)

Name: _____ Title: _____

Address: _____

Social Security Number: _____

Name of authorized buyers on this account:

1. _____ 2. _____

3. _____ 4. _____

Are purchase orders required to charge your account? _____

Trade References:

1. Name: _____ Phone: _____

Fax: _____ Address: _____

2. Name: _____ Phone: _____

Fax: _____ Address: _____

3. Name: _____ Phone: _____

Fax: _____ Address: _____

*Note: If account is authorized to purchase printing on open account, be it understood that all purchases be due and payable 30-days following date of purchase. The undersigned official, to induce the granting of credit to the above named firm, hereby personally guarantees the company's credit and confirms the information provided to be true.

Signed by:

_____ Date: _____

Signature

Print Name



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Bank References:

We _____, authorize
_____ to release information regarding our
account # _____ to Long Island Heavy Equipment Parts, Inc.

Authorized Signature: _____

Title: _____

Officer in charge of the Account: _____

Phone: _____

Fax: _____

Thank you for your cooperation in this matter.

To be used by the Bank Only!!

Date and year account was opened: _____

Number of NSF Check: _____