

Credit Application

All information given is held strictly confidential. Invoices will be faxed on the first business day after shipping or delivery. Payment is due within 30 Days from invoice date. General Saw has the right to allow or deny credit.

Required Information: Company information, 3 Credit References, and Bank Information & Account #.

(Please supply Shipping or Billing information)

Company Name:

Street Address: Telephone:

City / State / ZIP: FAX:

Type of Ownership: *(Check One)* Sole Proprietorship Partnership Corporation

Owners / Partners Names: *(First Name / Middle Initial / Last Name)*

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Tax Exempt: *(Check One)* YES NO *(If YES, Please supply a copy of exemption certificate.)*

(Please supply THREE (3) Credit References)

1. Company Name:

Street Address: Telephone:

City / State / ZIP: FAX:

2. Company Name:

Street Address: Telephone:

City / State / ZIP: FAX:

3. Company Name:

Street Address: Telephone:

City / State / ZIP: FAX:

Bank Name: Acct #:

Street Address: Telephone:

City / State / ZIP: FAX: