



A REGAL REXNORD BRAND

270 Quaker Road, East Aurora, NY 14052-0449
(716) 652-3600 FAX: (716)652-4814

Credit Application

Section One - Business Information

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-mail Address: _____

Description of Business (Circle one): Manufacturer Distributor Other (Describe)

Type of Business (Circle one): Corporation Partnership Sole Proprietorship

Controller's Name: _____ Principal's Name: _____

Date (MM/YY) Business Started: _____

Have you ever operated under another name? Yes No If yes, please give the name(s)"

Do you export? Y N

If so, what countries do you export to ? _____

What industry is your product used in ? _____

Section Two - Billing Information

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

A/P Contact: _____ A/P Phone: _____ A/P Fax: _____

A/P E-mail Address: _____

Section Three - Shipping Information

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact: _____ E-mail Address: _____

Phone #: _____

ARE YOU TAXABLE? (Please circle): Yes No (If no, please attach a copy of your exemption certificate)

Section Four - Business References

Name: _____

Account No: _____ Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____

Account No: _____ Phone: _____ Email: _____

Address: _____

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Section Five - Bank Reference

Name: _____

Contact: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Account Number(s): _____ Type of Account: _____

Section Six - Order Information

Do you have an order pending? Yes No

If yes, order value \$: _____ Forecast annual sales: _____

Is the Purchase Order attached? Yes No If Yes, what is the P.O. Number _____

The above information is true and correct to the best of my knowledge. I hereby authorize Delevan to contact the references listed above to obtain information necessary to establish credit with Delevan. It is understood that our credit terms are Net 30 days from shipment / invoice date. Applicant agrees to be responsible for the maximum allowable interest, legal, and collection fees that result from the collection of any delinquent account. The party signing below has the requisite authority to execute this agreement.

Authorized Signature: _____

Title: _____ Date: _____

Please Print Name: _____

THANK YOU FOR YOUR BUSINESS