



EQUIPMENT PROS INC.
255 PRIMERA BOULEVARD – SUITE 160
LAKE MARY, FL 32746
accounting@4000psi.com
1-800-333-9274

COMPANY INFORMATION

COMPANY NAME:		AFFILIATED COMPANIES:	
FULL ADDRESS			
PHONE:	EMAIL:	FAX:	
DESCRIPTION OF BUSINESS:		YEARS IN BUSINESS:	DUNS #:
TYPE OF BUSINESS (PLEASE CIRCLE): SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION			

NAME OF PROPRIETORS, DIRECTORS OR OFFICERS OF COMPANY

NAME:	TITLE:	PHONE:
NAME:	TITLE:	PHONE:
ACCOUNTS PAYABLE CONTACT:		CREDIT LIMIT REQUESTED:
AP PHONE:	AP EMAIL:	

BANK ACCOUNT INFORMATION

BANK NAME:	CONTACT PERSON:
FULL ADDRESS:	
TYPE OF ACCOUNT:	ACCOUNT NUMBER:

BUSINESS/TRADE REFERENCES

COMPANY NAME:		
FULL ADDRESS:		
PHONE:	EMAIL:	FAX:
COMPANY NAME:		
FULL ADDRESS:		
PHONE:	EMAIL:	FAX:
COMPANY NAME:		
FULL ADDRESS:		
PHONE:	EMAIL:	FAX:

AGREEMENT

IT IS AGREED THAT ALL PURCHASES WILL BE PAID IN FULL AND IN ACCORDANCE WITH THE TERMS OF SALE AS STATED ON THE INVOICE(S). SHOULD PAYMENT NOT BE MADE, IT IS UNDERSTOOD THAT CREDIT PRIVILEGES MAY BE WITHDRAWN.

IF THE ACCOUNT IS PLACED FOR COLLECTION, YOU AGREE TO PAY ATTORNEY FEES, COLLECTION FEES, AND/OR COURT COSTS.

BY SUBMITTING THIS APPLICATION, YOU AUTHORIZE EQUIPMENT PROS. INC. TO OBTAIN CREDIT AND/OR FINANCIAL INFORMATION FROM YOUR BANKS AND OTHER FINANCIAL INSTITUTIONS, IN ORDER TO ADMINISTER YOUR CONTRACT AND DETERMINE YOUR INSURANCE ELIGIBILITY.

SIGNATURES

DATE:	SIGNATURE:	TITLE:
DATE:	SIGNATURE:	TITLE:

