

OFFICE USE ONLY

Account No. \_\_\_\_\_



# Customer credit application

## CUSTOMER PROFILE:

Company name: \_\_\_\_\_

Billing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Tax ID No.: \_\_\_\_\_ No. of years at present location: \_\_\_\_\_ Est. annual purchase: \_\_\_\_\_

Business type:  Corporation  Partnership  Proprietorship  Franchise

Names of owners and/or officers: \_\_\_\_\_

Website: \_\_\_\_\_

## BUYER INFORMATION:

Buyer's name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Acct. payable name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Bank: \_\_\_\_\_

Bank address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bank contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## REFERENCES:

Company: \_\_\_\_\_ Phone: \_\_\_\_\_ A/P contact: \_\_\_\_\_ Email: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_ A/P contact: \_\_\_\_\_ Email: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_ A/P contact: \_\_\_\_\_ Email: \_\_\_\_\_

*The above information is intended for the purpose of obtaining credit and is warranted to be true. I/We authorize our bank and suppliers to furnish you any information necessary to complete our credit history. The purchaser accepts responsibility for, and agrees to pay, any and all applicable sales and use taxes directly to the proper authority for goods not held for resale except as exempted. Signer personally guarantees full payment of any debt owed.*

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Please fax or mail this form back to Zephyr Solutions.**

ZEPHYR SOLUTIONS, LLC.  
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Avon, OH 44011 USA

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Call: 1-877-275-9374  
Email: [orders@askzephyr.com](mailto:orders@askzephyr.com)