



EOSLIFT USA Corporation
 1590 S. Milliken Ave. Unit H. Ontario, CA 91761
 T: (888) 264-5008 F: (781) 781-780-5915 www.eoslift.us

CREDIT APPLICATION FORM

COMPANY LEGAL NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

SHIPPING ADDRESS _____

CITY _____ STATE _____ ZIP _____

TEL _____ FAX _____

TYPE OF BUSINESS (*Please Check One*)

() CORPORATION /STATE _____ () PARTNERSHIP () INDIVIDUAL DUN & BRADSTREET # _____

BUSINESS LICENSE# _____ FED TAX ID# _____ RESALE# _____

DATE BUSINESS STARTED _____ YEARS IN BUSINESS _____ NUMBER OF EMPLOYEES _____

BANK REFERENCE

BANK NAME _____ ACCOUNT # _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

SHIPPING ADDRESS _____

CITY _____ STATE _____ ZIP _____

TEL _____ FAX _____

CREDIT CARD# _____ EXP DATE _____ VS() MC() A/E()

TRADE REFERENCE

COMPANY NAME _____ CONTACT _____

CURRENT TERMS _____ CREDIT LIMIT _____ TEL _____ FAX _____

COMPANY NAME _____ CONTACT _____

CURRENT TERMS _____ CREDIT LIMIT _____ TEL _____ FAX _____

COMPANY NAME _____ CONTACT _____

CURRENT TERMS _____ CREDIT LIMIT _____ TEL _____ FAX _____

BLANKET CERTIFICATE OF RESALE

BUYER'S PERMIT # _____

CERTIFICATE # _____

FIRM _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ FAX _____ EMAIL _____

THE UNDERSIGNED CERTIFIES THAT THE FOLLOWING MATERIAL HANDLING EQUIPMENT PURCHASED FROM EOSLIFT USA CORPORATION - AFTER THE FOLLOWING DATE _____ IS PURCHASED FOR THE FOLLOWING PURPOSE:

- () RESALE AS A TANGIBLE PERSONAL PROPERTY
- () TO BE INCORPORATED AS A MATERIAL OR PART OF OTHER TANGIBLE PROPERTY TO BE THE PRODUCED FOR SALE BY MANUFACTURING, ASSEMBLING, PROCESSING OR REFINING.
- () TO BE EXPORTED FOR SALE, USE, OR CONSUMPTION OUTSIDE THE CONTINENTAL LIMITS OF THE U.S.A.
- () TO BE SOLD OUTSIDE SELLER'S STATE
- () OTHER _____

THIS CERTIFICATE SHALL BE CONSIDERED A PART OF EACH ORDER WHICH WE SHALL HEREINAFTER PLACE PROVIDED SUCH ORDER CONTAINS OUR CERTIFICATE NUMBER. THIS IS TO CONTINUE IN FORCE UNTIL REVOKED IN WRITING.

BANK AUTHORIZATION FORM

BANK NAME _____

ACCOUNT # _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

TEL _____ FAX _____

CONTACT OFFICER _____ TITLE _____

TO BE SIGNED BY OFFICE OR OWNER

I hereby authorize my financial institution / bank to provide any necessary credit and account history information requested by EOSLIFT USA Corporation to expedite the process of establishing an account. Our firm is financially able to meet any commitments we have made, and we guarantee payment of invoice additionally, I agree to notify creditor of all change in ownership and or transfer of assets.

Signature _____ Title _____ Date _____

Print Name _____

EOSLIFT USA Corporation 1590 S. Milliken Ave Unit H., Ontario, CA 91761 T: (888) 264-5008 F: (781) 780-5915
www.eoslift.us