



PRODUCTS AND EQUIPMENT, INCORPORATED

P.O. BOX 910
HARRISON, ARKANSAS 72602-0910
EMAIL: claridge@claridgeproducts.com



PHONE: 870-743-2200
FAX: 870-743-1908

Date

Company Name

Phone No.

Fax No.

Street Address

P.O. Box

City

State

Zip

APPLICATION FOR CREDIT

THE FOLLOWING INFORMATION SHOULD BE COMPLETED IN FULL AND WILL BE HELD IN STRICTEST CONFIDENCE.

CLARIDGE TERMS: NET THIRTY (30) DAYS ON OPEN ACCOUNT SHIPMENTS.

Ownership: Corporation: Partnership: Individual Check here if incorporated in last 12 months.

Sales Tax Exemption No. _____

Name(s) of Principals

Phone No.

Fax No.

Address

City

State

Zip

Name(s) of Principals

Phone No.

Fax No.

Address

City

State

Zip

REFERENCES

Name of Bank:

Phone No.

Fax No.

Address

City

State

Zip

Bank Officer or Department

Supplier Name

Phone No.

Fax No.

Address

City

State

Zip

Supplier Name

Phone No.

Fax No.

Address

City

State

Zip

Supplier Name

Phone No.

Fax No.

Address

City

State

Zip

Supplier Name

Phone No.

Fax No.

Address

City

State

Zip

CHECK HERE IF CASH SALES ARE ACCEPTABLE UNTIL CREDIT IS APPROVED.

WE CERTIFY THAT ALL OF THE INFORMATION ON THIS FORM IS CORRECT, AND THAT WE FULLY UNDERSTAND YOUR CREDIT TERMS OF NET 30 DAYS AND AGREE TO THE PROPER PAYMENT IN CONSIDERATION OF EXTENDED CREDIT.

Date: _____

Signed: _____

Title: _____

