



New Account Credit Application

Fax Application to: 843.388.2558 or e-mail to info@absolute-zup.com

Mike Buley, President mikebuley@absolute-zup.com. Phone: 843.388.2556

Customer/Company Information

Applicant Name and Position		Contact Phone		E-mail Address	
Name of Business			Full Legal Company Name		
Billing Street Address	City	State	Zip Code	County	
Phone Number	Fax Number	Federal Tax ID Number	Type of Business		
Equipment Location (if different from above)				In Business Since	
Please Check: <input type="checkbox"/> Corporation <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Non-Profit <input type="checkbox"/> LLC <input type="checkbox"/> State or Local Government					
Principal/Partner/Officer		Phone Number		E-mail Address	
Principal/Partner/Officer		Phone Number		E-mail Address	
Sales Manager		Phone Number		E-mail Address	
Service Manager		Phone Number		E-mail Address	

Trade References

Company Name			
Company Address	City	State	Zip Code
Contact Name	Phone Number	Fax Number	

Company Name			
Company Address	City	State	Zip Code
Contact Name	Phone Number	Fax Number	

Bank References

Bank Name			
Bank Address	City	State	Zip Code
Bank Contact Person	Phone Number	Account Number (s)	

Bank Name			
Bank Address	City	State	Zip Code
Bank Contact Person	Phone Number	Account Number (s)	

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Print Name: _____

Signature: _____

Title / Position: _____

Date: _____