



15241 COMMERCIAL AVENUE
 HARVEY, IL 60426
 Phone: (708)596-7000
 Fax: (708)596-6791

NEW ACCOUNT APPLICATION FORM

Customer No. _____

Email to jgerling@vossequipment.com

| | | | | |
|---------------|--|------------|--|-----|
| Business Name | | | | |
| D/B/A | | | | |
| Address | | | | |
| City | | State | | Zip |
| Phone Number | | Fax Number | | |

| Billing Address | | | |
|-----------------|--|-----|--|
| Address | | | |
| | | | |
| City | | | |
| State | | Zip | |
| Phone | | | |
| Fax | | | |
| Contact | | | |
| E-mail | | | |
| Phone | | | |

| Shipping Address | | | |
|------------------|--|-----|--|
| Address | | | |
| | | | |
| City | | | |
| State | | Zip | |
| Phone | | | |
| Fax | | | |
| Contact | | | |
| E-mail | | | |
| Phone | | | |

Have you done business with us before?
 YES When _____
 NO How Did You Hear About Voss?
 Does your company require purchase orders?
 YES
 NO

What is your tax status
 Taxable
 Direct Pay (provide copy of your Direct Pay Permit)
 Non-taxable (please select one of the following and supply appropriate exemption form)
 Resale Manufacturer Exempt Organization Enterprise Zone

Are you applying for credit or cash on delivery (COD)
 COD - please provide credit card information and then STOP
 Credit - Proceed to next page

| COD Customer - Credit Card Information | | | | | |
|--|-----|------|----|----------|------|
| please select | | Visa | MC | Discover | AmEx |
| Card Number | | | | | |
| Exp. Date (MM/YY) | | | | | |
| Billing Address | | | | | |
| | | | | | |
| | Zip | | | | |

| INTERNAL USE ONLY | |
|-------------------|--|
| Person Originated | |
| | |
| Sales Person | |
| | |
| Market Area | |

*New rental customers are required to provide their company's certificate of general liability insurance before delivery of the rental equipment.



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CREDIT APPLICATION

Business Name _____
 D/B/A _____
 Address _____ City _____ State _____ Zip _____
 Phone Number _____

Subsidiary Division _____
 Address _____ City _____ State _____ Zip _____

No. of Employees _____ Type of Business (SIC Code) _____
 Years in Business _____ Corporation Partnership Sole Proprietor
 State of Incorporation _____ Federal Tax ID No. ____ - _____

Company Principals
 President _____
 Vice-President _____
 CFO _____

Accounts Payable Contact
 Name _____
 E-mail _____
 Phone _____ Fax _____

All Invoices Are Due Net 30 OR You Must Pay Late Fee Noted On The Invoice

*Please select your method of payment
 ACH/Wire (preferred) Check Credit Card



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Bank References

Bank Name _____
Address _____
Phone _____
Number _____
Bank Officer _____

TRADE REFERENCES

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
PHONE _____ FAX _____

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
PHONE _____ FAX _____

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
PHONE _____ FAX _____

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
PHONE _____ FAX _____

All Invoices Are Due Net 30 OR You Must Pay Late Fee Noted On The Invoice

AUTHORIZATION TO RELEASE

I Hereby authorize Voss Equipment, Inc. to contact my credit references to receive essential credit information

Signature Date