

*Professional Service with Integrity.... The Frontier Way!*

**APPLICATION FOR CREDIT – Note: Terms Are Net 30 (from date of invoice) On All Accounts**

Name of Business or Individual

Phone No.

Mailing Address

City, State, Zip

Physical Address

City, State, Zip

No. of Years in Business

Federal ID No.

Credit Amount Requested

Dunn and Bradstreet No.

Principal Names

Titles

Email

1.

2.

3.

Accounts Payable Contact: \_\_\_\_\_ Phone No. \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Method of receipt of Invoices: Mail \_\_\_\_\_ Email \_\_\_\_\_

Bank Information

Name of Banking Institution

Contact Person

Address, City, State, Zip

Phone No.

Account No.

Credit References ☐ See Attached

Business Name

Address

City, State, Zip

Phone

Fax

Contact

1.

2.

3.

**Taxable:** ☐ Yes ☐ No If no, must attach a completed sales tax certificate.

**Purchase Order Required:** ☐ Yes ☐ No

Authorized Name: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Please fax completed application to 281-482-4501 or email to [credit@frontierforklifts.com](mailto:credit@frontierforklifts.com).

(Revised 03-2023)