



**Franklin Electrofluid Co., Inc.**

HYDRAULICS • PNEUMATICS • VACUUM • ELECTRONICS • AUTOMATION

www.frankelectro.com

**CREDIT APPLICATION**

ALL QUESTIONS MUST BE COMPLETED IN THEIR ENTIRETY FOR THIS APPLICATION TO BE PROCESSED.

BUSINESS NAME: \_\_\_\_\_  
 BILLING ADDRESS \_\_\_\_\_  
 CITY, STATE & ZIP \_\_\_\_\_  
 SHIPPING ADDRESS \_\_\_\_\_  
 CITY, STATE & ZIP \_\_\_\_\_  
 DATE ESTABLISHED \_\_\_\_\_ PHONE \_\_\_\_\_ FAX# \_\_\_\_\_  
 PURCHASING CONTACT \_\_\_\_\_  
 ACCOUNTS PAYABLE CONTACT \_\_\_\_\_

If applicable, Sales Tax Exemption Number \_\_\_\_\_ ( A copy of your sales tax exemption certificate must accompany this application. Failure to comply will result in tax being charged to all orders).

TYPE OF BUSINESS

CORPORATION	STATE INCORPORATED
PARTNERSHIP	SOLE PROPRIETORSHIP
TAXPAYER IDENTIFICATION#	DUN & BRADSTREET#
BRIEF DESCRIPTION OF BUSINESS & PRODUCTS: BUSINESS TYPE: ( ) MANUFACTURER ( ) DISTRIBUTOR ( ) MACHINE BUILDER ( ) OTHER _____	

OWNERS & PRINCIPALS OF FIRM

NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 HOME TELEPHONE \_\_\_\_\_ SOC. SECURITY # \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 HOME TELEPHONE \_\_\_\_\_ SOC. SECURITY # \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 HOME TELEPHONE \_\_\_\_\_ SOC. SECURITY # \_\_\_\_\_

**TRADE REFERENCES**  
**ONLY SUBMIT THOSE WITH WHOM YOU HAVE AN OPEN ACCOUNT**

NAME \_\_\_\_\_  
ACCOUNT CONTACT \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

NAME \_\_\_\_\_  
ACCOUNT CONTACT \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

NAME \_\_\_\_\_  
ACCOUNT CONTACT \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

**BANK REFERENCES**  
**MUST INCLUDE ACCOUNT NUMBERS**

BANK NAME \_\_\_\_\_  
ACCOUNT CONTACT \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_  
CHECKING ACCOUNT NUMBER \_\_\_\_\_

I understand the following and will abide by your company regulations:

1. Notify Franklin Electrofluid Co., Inc. of any changes in ownership of our company.
2. If granted credit, our company agrees to pay all invoices within 30 days of invoice date.
3. It is agreed that our company will pay 1.5% per month which is 18% yearly for all past due balances.
4. It is agreed that our account will become COD if we fail to pay invoices within the above stated terms.
5. Our company financial condition is satisfactory and we can meet all financial obligations.
6. There are no lawsuits or judgements against me at this present time. If our company defaults on payment of any outstanding valid invoices, we agree to pay attorney and/or collection expenses.

**I AGREE TO PAY MY ACCOUNT WITHIN THE TERMS AND AUTHORIZE YOU TO OBTAIN SUCH INFORMATION YOU MAY REQUIRE CONCERNING THIS APPLICATION.**

**DATE** \_\_\_\_\_

**SIGNED** \_\_\_\_\_

X \_\_\_\_\_  
**PERSONAL GUARANTEE**

**TITLE** \_\_\_\_\_

**Once you have completed all the information requested, please fax to our Credit Department (901)365-7179. Thank you for your cooperation and we look forward to having you as one of our valued customers.**

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MEMPHIS, TN 38118	N. LITTLE ROCK, AR 72113	FORT SMITH, AR 72901	JACKSON, MS 39209	HARAHAN, LA. 70123	SHREVEPORT, LA. 71107
3854 WATMAN	8900 CRYSTAL HILL RD.	5601 S. 14 <sup>TH</sup> . STE. A	ONE DUTCHMANS ROW	5621 BLESSEY, STE. B	1325 FULLERTON
(901) 362-7504	(501) 771-4170	(479) 646-7448	(601) 969-7022	(504) 486-6653	(318) 227-1871
(800) 238-7500	(800) 272-5665	(800) 264-7406	(800) 682-5422	(800) 535-2010	(800) 365-2925
FAX (901) 794-6913	FAX (501) 771-2937	FAX (479) 646-2263	FAX (601) 354-0630	FAX (504) 486-6444	FAX (318) 424-1640

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