

# TRI-STATE

**HYDRAULICS INC.**



(847) 439-8987



www.tristatehydraulics.com



sales@tristatehydraulics.com

## Confidential Credit Application / New Account Information

### Instructions and Information

1. Please do not leave fields empty. If not applicable, write "N/A".
2. If your organization is sales tax exempt, attach a copy of your exempt certificate and fill Certificate of Resale / Tax Exempt section on page 3.
3. **Our terms are NET 30 DAYS**
4. Please email completed and signed application to bryan@tristatehydraulics.com.
5. This document can be printed or filled using Microsoft Word.

### General Information

|   |  |                            |  |
|---|--|----------------------------|--|
| Legal Name of Organization:   |  |                            |  |
| Parent Company (if subsidiary):   |  |                            |  |
| Federal Tax ID:   |  |                            |  |
| Organization Type: Corporation, Sole Proprietorship, LLC, or Government / Public Entity |  |                            |  |
| Type of Business:   |  | Year Established:          |  |
| Number of Locations:  |  | At Present Location Since: |  |
| Business Address:   |  |                            |  |
| City:   |  | State:                     |  |
|   |  | Zip Code:                  |  |
| Main Phone:   |  | Main Fax:                  |  |
|   |  | Email:                     |  |
| Acct. Payable Contact:  |  | Acct. Payable Email:       |  |
| Acct. Payable Phone:  |  | Acct. Payable Fax:         |  |
| Invoice Email Address:  |  |                            |  |
| Invoice Mailing Address:  |  |                            |  |
| Address:  |  |                            |  |
| City:   |  | State:                     |  |
|   |  | Zip Code:                  |  |
| Shipping Address:   |  |                            |  |
| Address:  |  |                            |  |
| City:   |  | State:                     |  |
|   |  | Zip Code:                  |  |
| Main Phone:   |  | Main Fax:                  |  |

| <b>Officers/Principals Information</b> |  |        |  |
|--|--|--------|--|
| Printed Name:                          |  | Title: |  |
| Printed Name:                          |  | Title: |  |
| Printed Name:                          |  | Title: |  |

| <b>Bank Information</b> |  |            |      |
|-------------------------|--|------------|------|
| Bank Name:              |  | Account #: |      |
| Contact Name:           |  | Phone:     | Fax: |

| <b>Trade References</b> |  |               |  |
|-------------------------|--|---------------|--|
| Organization Name:      |  | Account #:    |  |
| Contact Name:           |  | Email or Fax: |  |
| Organization Name:      |  | Account #:    |  |
| Contact Name:           |  | Email or Fax: |  |
| Organization Name:      |  | Account #:    |  |
| Contact Name:           |  | Email or Fax: |  |

| <b>Certificate of Resale / Tax Exempt (Resellers and Tax Exempt Only)</b>  |  |                               |           |
|--|--|-------------------------------|-----------|
| <p>THE UNDERSIGNED, HEREINAFTER "PURCHASER", HEREBY CERTIFIES THAT ALL TANGIBLE PERSONAL PROPERTY PURCHASED BY PURCHASER FROM TRI-STATE HYDRAULICS, INC., 135 MARTIN LN., ELK GROVE VILLAGE, ILLINOIS 60007, IS FOR THE PURPOSE OF RESALE. PURCHASER ASSUMES LIABILITY FOR PAYMENT OF ANY RETAILER'S OCCUPATION TAX, SALES TAX, SERVICE OCCUPATION TAX, USED TAX, OR ANY OTHER REGIONAL AND / OR LOCAL TAX IMPOSED ON SALES AND / OR PURCHASES WITH RESPECT TO RECEIPTS FROM THE SALE OF THIS PROPERTY TO USERS OR CONSUMERS, OR FOR THE PURCHASER'S OWN INTERNAL USE OR CONSUMPTION. IF SUCH PROPERTY, OR ANY PORTION THEREOF, PURCHASED PURSUANT TO THIS CERTIFICATE IS LATER DETERMINED TO BE SUBJECT TO SUCH TAX, PURCHASER AGREES TO PAY SUCH TAXES, DIRECTLY TO THE RESPONSIBLE TAX AUTHORITY AS REQUIRED.</p> |  |                               |           |
| <b>Customer Authorization</b>  |  |                               |           |
| I HEREBY AUTHORIZE THE ABOVE LISTED REFERENCE TO RELEASE ANY INFORMATION RELATING TO THE ABOVE LISTED ACCOUNTS. THE UNDERSIGNED ALSO CERTIFIES THAT THE INFORMATION PROVIDED ABOVE IS COMPLETE AND ACCURATE.   |  |                               |           |
| State:   |  | Registration / Certificate #: |           |
| Legal Name of Organization:  |  |                               |           |
| Business Address:  |  |                               |           |
| City:  |  | State:                        | Zip Code: |
| Officer's Printed Name:  |  | Title:                        |           |
| Officer's Signature:   |  | Date:                         |           |