

EKKO Material Handling Equipment Mfg., Inc. 1761 W. Holt Ave. Pomona, CA 91768 T: (877) 232-6517 F: (909) 222-6861 accounting@ekkolifts.com www.ekkolifts.com

CREDIT APPLICATION FORM

COMPANY LEGAL NAME					
MAILING ADDRESS					
CITY			STATE	ZIP	
SHIPPING ADDRESS					
CITY			STATE	ZIP	
TEL		FAX_			
TYPE OF BUSINESS (Please Chec	ck One)				
() CORPORATION /STATE	() PARNETSHIP () I	NDIVIDUAL DUN	& BRADSTREET #		
BUSINESS LICENSE#	FED TAX	ID#	RESALE#		
DATE BUSINESS STARTED	YEARS II	N BUSINESS	NUMBER OF EMPLOYEES		
	ВА	NK REFERENCE			
BANK NAME	ACCOUNT #				
MAILING ADDRESS					
CITY			STATE	ZIP	
SHIPPING ADDRESS					
CITY			STATE	ZIP	
TEL		FAX_			
CREDIT CARD#			EXP DATE	VS() MC() A/E()	
	TR <i>F</i>	ADE REFERENCE	E		
COMPANY NAME		CONTAC	Τ		
CURRENT TERMS	CREDIT LIMIT	TEL	FAX	x	
COMPANY NAME		CONTACT	NTACT		
CURRENT TERMS	CREDIT LIMIT	TEL	FAX	x	
COMPANY NAME	CONTACT				
CURRENT TERMS	CREDIT LIMIT	TEL	FAX	X	

BUYER'S PERMIT #			
CERTIFICATE #			
FIRM			
ADDRESS			
CITY		STATE_	ZIP CODE
PHONE	FAX	EMAIL	
	TIFIES THAT THE FOLLOWING MA UIPMENT MFG. INC AFTER THE	•	
MANUFACTURING, ASSEM () TO BE EXPORTED FOR () TO BE SOLD OUTSIDE	O AS A MATERIAL OR PART OF OTH MBLING, PROCESSING OR REFININ IS SALE, USE, OR CONSUMPTION O	HER TANGIBLE PROPERTY 1 NG.	TO BE THE PRODUCED FOR SALE BY LIMITS OF THE U.S.A.
	BE CONSIDERED A PART OF EACH (ERTIFICATE NUMBER. THIS IS TO (IEREINAFTER PLACE PROVIDED SUCH L REVOKED IN WRITING.
	BANK AUTHO	RIZATION FORM	
BANK NAME			
ACCOUNT #			
STREET ADDRESS			
CITY		STATE	ZIP
TEL		FAX	
		TITLE	
	TO BE SIGNED BY	OFFICE OR OWNER	
requested by EKKO Mater financially able to meet a	rial Handling Equipment Mfg., Inc	. to expedite the process o , and we guarantee payme	it and account history information f establishing an account. Our firm is ent of invoice additionally, I agree to
Signature		Title	Date
Print Name			

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