



CREDIT APPLICATION

Please return by fax to: 260-969-4528 Attn: Cindy Mullins

NAME & ADDRESS

Legal Company Name: _____

DBA: _____

Address: _____ City: _____ St: _____ Zip: _____

Telephone: _____ Fax: _____ E-mail: _____

In Business Since: _____ A/P: Contact: _____

DELIVERY ADDRESS

Address _____

City _____

Zip _____

SALES TAX

TAXABLE

NON-TAXABLE / IF TAX-EXEMPT, TAX EXEMPT CERTIFICATE MUST BE PROVIDED

BANK REFERENCES

Institution Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Telephone: _____ Fax: _____ Contact: _____

TRADE REFERENCES:

Company Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Telephone: _____ Fax: _____ Contact: _____

Company Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Telephone: _____ Fax: _____ Contact: _____

Company Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Telephone: _____ Fax: _____ Contact: _____

I certify the information contained in this credit application is complete and accurate. I further understand the information provided above will be used for the purpose of obtaining credit with Terex Advance Mixer. I/We authorize Terex Advance Mixer to investigate the references listed and perform a general credit check as it pertains to the applicant's financial responsibility.

Name: _____ Date: _____

Print Name: _____ Title: _____