



APPLICATION TO ESTABLISH CREDIT

Date: _____
Company Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Telephone # _____ Fax # _____
Billing Address: _____
City: _____ State: _____ Zip: _____

Type of business: (please check one)

Sole proprietorship Partnership Corporation

Please list the name of Sole Proprietorship, Partners, or Corporate Officers:

Name: _____ Telephone # _____
Address: _____
City: _____ State: _____ Zip: _____

Name: _____ Telephone # _____
Address: _____
City: _____ State: _____ Zip: _____

Name: _____ Telephone # _____
Address: _____
City: _____ State: _____ Zip: _____

Name: _____ Telephone # _____
Address: _____
City: _____ State: _____ Zip: _____

Bank References:

Bank Name: _____ Account # _____
Phone # _____ Person to contact: _____

Bank Name: _____ Account # _____
Phone # _____ Person to contact: _____

Trade References: List at least 4 companies with whom you have established credit with.

Name: _____ Account # _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone # _____ Person to contact: _____

Name: _____ Account # _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone # _____ Person to contact: _____

Name: _____ Account # _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone # _____ Person to contact: _____

Name: _____ Account # _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone # _____ Person to contact: _____

Accounts Payable Contact: _____
Federal ID # _____
Tax # _____

PLEASE READ AND SIGN BELOW EACH OF THE FOLLOWING STATEMENTS

The above information is submitted in connection with our request to establish a credit account with Industrial Equipment Recovery. We understand that all charges within the specified credit terms and that any information contained in this application will be considered confidential by Industrial Equipment Recovery. If credit is granted I / We agree to the above terms and conditions and the undersigned is / are responsible for payment of the account.

TO THE BEST OF MY KNOWLEDGE: THE FOREGOING IS CORRECT OWNER / PARTNER OR OFFICER'S SIGNATURE (Any officer named on page 1)

Printed: _____ Signed: _____ Date: _____

On occasions banks / creditors will not release credit information unless they have written authorization from their customers. The following release should be signed so that application processing is not delayed. This is you authorization to release information on your account with you as requested by Industrial Equipment Recovery.

Owner/Partner or Officer's signature: _____
Date: _____

Please remit to: IER a Wolf Industries Company via
Fax: 281-441-9351
Email: sales@ier-online.com
Or mail:
5910 Hamblen Road
Humble, Tx. 77396