

# ZEBCO BRANDS

Zebco Sales Company, L.L.C.

P. O. BOX 270 - TULSA, OKLAHOMA - 74101-0270

800-862-4507 option 7 FAX # 918-831-6973

ZEBCO  Van Staal  Vortex

CREDIT DEPARTMENT

DOCUMENT EFFECTIVE DATE 05/01/2015

**IMPORTANT: *Please complete every field, attach requested documents, and sign to prevent delays in the Credit Review Process.***

LEGAL NAME: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ FAX #: ( ) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Invoice Address (if different) \_\_\_\_\_

Subsidiary/Division of another company? \_\_\_\_\_ If so under what name? \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Date Established \_\_\_\_\_

DUNS#: \_\_\_\_\_ **Email address for invoice delivery REQUIRED:** \_\_\_\_\_

Organization: Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ LLC \_\_\_\_\_ Other \_\_\_\_\_

Principle Officers/Owners: \_\_\_\_\_ / \_\_\_\_\_

A/P Contact \_\_\_\_\_ Phone Number/Fax Number \_\_\_\_\_ / \_\_\_\_\_

Approx. Credit Limit Requested: \$ \_\_\_\_\_ Approx. Initial Order \$ \_\_\_\_\_

TRADE REFERENCES: Please furnish 3 trade references with street address, telephone/fax numbers, and email address.

1. NAME \_\_\_\_\_ Phone ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_ Fax ( ) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ EMAIL \_\_\_\_\_

2. NAME \_\_\_\_\_ Phone ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_ Fax ( ) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ EMAIL \_\_\_\_\_

3. NAME \_\_\_\_\_ Phone ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_ Fax ( ) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ EMAIL \_\_\_\_\_

**ATTACH A COPY OF ALL APPLICABLE STATE TAX EXEMPT/RESALE CERTS ATTACH A COPY OF W9 FORM**

BANK CONNECTIONS:

1. BANK NAME/ADDRESS \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Account # \_\_\_\_\_

2. BANK NAME/ADDRESS \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Account # \_\_\_\_\_

PLEASE FORWARD FINANCIAL STATEMENT WITH CREDIT APPLICATION

CREDIT CARD \_\_\_\_\_ YES \_\_\_\_\_ NO CREDIT CARD # \_\_\_\_\_ EXP \_\_\_\_\_ CODE \_\_\_\_\_

**\* I HEREBY AUTHORIZE MY BANK TO RELEASE CREDIT INFORMATION (Please note: no changes to verbiage below allowed.)**  
In the event this account is placed in the hands of an attorney for collection or suit instituted to collect same or any portion thereof, I and/or we agree and promise to pay attorney's fees and expenses (including inside counsel fees and expenses) spent in the collection of the balance then due and owing (or as otherwise allowed under state law). Outstanding balances not received within agreed upon terms could be subject to a late fee of 1-1/2% per month or the maximum amount as allowed by law.

\_\_\_\_\_  
SIGNATURE (REQUIRED) TITLE DATE

\_\_\_\_\_  
PRINT NAME  
Application must be signed by an officer of the company or an authorized employee ATTACH BUSINESS CARD IF AVAILABLE