



Phone: 1-972-635-9564
FAX: 1-800-929-9712

NEW CUSTOMER PROFILE & APPLICATION FOR BUSINESS CREDIT

INSTRUCTIONS: PRINT WITH BLACK INK OR TYPE ANSWERS TO ALL QUESTIONS. IF A QUESTION OR STATEMENT DOES NOT APPLY TO YOUR BUSINESS, INSERT "N/A" IN THE SPACE. WHEN COMPLETED AND SIGNED BY A PRINCIPAL OF THE COMPANY, FAX OR MAIL TO ERAMCO. INCLUDE ALL DOCUMENTS REQUESTED TO AVOID DELAYS IN ESTABLISHING OUR RELATIONSHIP.

DATE COMPLETED: _____

COMPANY NAME: _____

MAIL

ADDRESS: _____
STREET CITY STATE ZIP

SHIPPING ADDRESS: _____
STREET CITY STATE ZIP

PRIMARY PHONE: _____ **FAX:** _____

PRINCIPAL'S NAME: _____ **POSITION:** _____

SECOND PRINCIPAL PERSON NAME: _____ **POSITION:** _____

THIRD PRINCIPAL PERSON NAME: _____ **POSITION:** _____

TYPE OF BUSINESS: CORPORATION PARTNERSHIP SOLE PROPRIETOR L.L.P.

YEARS IN BUSINESS: _____ **NO. OF EMPLOYEES:** _____

STATE OF INCORPORATION: _____ **YEAR:** _____ **D&B No.:** _____

LIST BRANCHES OR DIVISIONS ON A SEPARATE PAGE. INCLUDE BRANCH/DIVISION MANAGER NAME, PHONE AND BUSINESS ADDRESSES.

WHERE/WHO PROCESSES ACCOUNTS PAYABLE IF DIFFERENT THAN ABOVE PERSONS AND ADDRESS:

NAME: _____ **ADDRESS:** _____
STREET CITY STATE ZIP

WHAT LINE OF CREDIT DO YOU REQUEST: \$ _____

ARE YOUR PURCHASES FROM ERAMCO SUBJECT TO SALES TAX: YES NO IF NO, PLEASE PROVIDE A COPY OF YOUR STATE SALES TAX EXEMPTION CERTIFICATE.

BANK REFERENCES:

BANK NAME ADDRESS FAX No. ACCOUNT No.

1. _____
2. _____



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BUSINESS/TRADE REFERENCES:

Company Name	Phone No.	Fax No.	Acct. No.
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

I (we) understand: 1) that the information furnished you on this page is for the purpose of obtaining credit from your firm, 2) that I am (we are) authorized, in my (our) capacity, to bind my (our) firm accordingly, 3) that all accounts or monies due you shall be due and payable at your place or business according to your terms, 4) that all past due accounts, notes or judgements shall automatically draw interest at the rate of eighteen percent (18%) per annum, 5) that should it become necessary to turn this account over for Third Party collection, the customer agrees to pay all costs of collection including legal fees.

Name	Title	Name	Title
_____	_____	_____	_____
Signature		Signature	

Unless other arrangements have been made in writing and approved by ERAMCO management,

THE TERMS OF SALE ARE:

- ALL** orders must be confirmed on a formal written purchase order and signed by the customer. The written order may be mailed or faxed to **"Order Entry"** using the address or FAX number above.
- Any error in pricing, part number or other detail found while editing a customer's purchase order will be corrected and confirmed in writing to or by the customer prior to the processing for that order.
- No partial shipments will occur without written authorization from the customer.
- All orders are shipped F.O.B. the factory, freight collection or third party bill. Please state your preference on your order and include your preferred carrier.
- All orders are to be prepaid in full unless you have approved credit and are on open account. Open account invoices are due in full y the 30th day after the date on the invoice. Invoice amounts past due 60 days or more are subject to a 1 1/2% service charge per month and your subsequent orders will require payment in advance to release shipment.
- Warranty replacement parts and products must be "ordered" separately using the standard order procedure. You may be invoiced for the warranted parts/products. A credit for the invoice will be issued when the part/product is returned and it is determined to be within warranty parameters.

Note: Unused products that are not obsolete or discontinued and are in their original, factory sealed container may be exchanged for other products of equal value to permit adjustment of your inventory. You must contact customer service with a full list of products to be returned, including copies of the invoices pertaining to the products. You must prepay the freight of your shipment to us, have a RETURN AUTHORIZATION NUMBER from customer service, and pay 5% of original invoiced price as a handling fee. Products may not be returned for cash refund. This return policy does not apply to electrostatic panel filters.



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To Whom It May Concern:

You are authorized to provide credit history information on me or my company to ERAMCO Inc., P.O. Box 519, Royse City, TX 75189, 1-972-635-9564, 1-800-929-9712, per their request.

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Print Name: _____

Title: _____