



1241 Lower Rodi Road
Turtle Creek, PA 15145

Phone: 412-829-2120
Fax: 412-829-7286

Print Form

CREDIT APPLICATION

Attn: Accounts Payable

When applying for a charge account with Zoresco Equipment Company, please complete the attached credit application and banking reference release form. Processing of your application will take at least seven [7] business days. If we do not receive the complete information that we are requesting, there may be a delay in processing your application. The application must also be signed before we will begin the credit research. You will be notified in writing on the status of your account. **UNTIL CREDIT IS APPROVED, ALL TRANSACTIONS ARE C.O.D.**

If you are tax exempt, please send a valid tax exemption certificate along with this credit application. We need this on file before we will be permitted to deduct tax. Be sure the form is filled out completely with signature, dated and exemption numbers.

Please fax the completed forms with all necessary signatures to the corporate office at 412-829-7286 or email to acctg@zoresco.com.

Thank you for your interest in Zoresco Equipment Company. We look forward to dealing with you in the near future.

Sincerely,

Zoresco Equipment Company



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CREDIT APPLICATION

ACCOUNT INFORMATION

Business Name: _____			
Address: _____			
City: _____		State: _____	Zip Code: _____
Phone #: _____	Fax #: _____	Date Established: _____	
Type of Business: _____		Is Purchase Order Required: <input type="checkbox"/>	
Credit Amount Requested: _____			
Dun & Bradstreet #: _____		EIN #: _____	
Is your company tax exempt: <input type="checkbox"/> If so, please provide us with a valid tax exempt certificate.			
Accounts Payable Contact: _____		Purchasing Contact: _____	

TRADE REFERENCES

Name: _____	Phone #: _____
Address: _____	Fax #: _____
Name: _____	Phone #: _____
Address: _____	Fax #: _____
Name: _____	Phone #: _____
Address: _____	Fax #: _____

BANK REFERENCES

Name: _____	Acct. #: _____
Address: _____	Phone #: _____

In order to establish and maintain a charge account status with your firm, this credit application must be signed. I certify by my signature below that I am authorized to enter into this agreement on behalf of my company. Terms are Net 10 Days upon approved credit. I understand and agree that any credit granted shall be paid promptly in accordance with terms and agreements, that the credit grantor may add one and one half percent (1-1/2%) per month to any balance owed, and in the event of default to pay reasonable collection charges and/or attorney fees.

Signature: _____ Date: _____

For Office Use Only	Requested By: _____	Date: _____	Status: _____
	Credit Limit: _____	Authorized By: _____	Date: _____



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BANKING REFERENCE RELEASE

I hereby authorize _____ to release information on
(Bank Name)

accounts used by _____, pursuant to establishing a
(Company Name)

line of credit with Zoresco Equipment Company.

Company Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Date: _____

Authorized Signature: _____