 

**Shibaura Machine Company, America**

755 Greenleaf Avenue, Elk Grove Village, IL 60007

Telephone 847/593-1616

Company Information: CREDIT APPLICATION

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| Amount Requested: Equipment: Date:  |
| Legal Business Name: Trade Name:  |
| Address: City: State: Zip Code:  |
| Office Phone No.: Office Fax No.:  |
| Purchasing Contact: Tel No: Email:  |
| Shipping Address: City: County: State: Zip Code:  |
| Billing Address: City: County: State: Zip Code:  |
| Accounts Payable Contact: Tel No: Email: |

**Business Information:**

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| Type of Organization: Corporation: \_\_\_\_\_\_\_\_ Limited Liability Company: \_\_\_\_\_\_\_\_ Partnership: \_\_\_\_\_\_\_\_ |
| Year Business Started: Current Ownership Since: State of Incorporation:  |
| Federal Tax ID No: Annual Sales Volume: |
| Sales Tax Exempt: Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_ If yes, please attach a copy of your State Approved Sales Tax Exemption Certificate, otherwise sales tax will be charged to your account.Expiration Date: |
| Are there any tax liens, suits or judgments against the company or any of its principals? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_ |

**Bank/Financing Information:**

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| Bank Name: Officer: Email: |
| Telephone No.: Fax No.: Account No.:  |
| Existing Equipment Financed With: Date Opened: Original Amount: |

**Form of Payment for New Machine (check appropriate form of payment and complete related information):**

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| Cash: \_\_\_\_\_\_\_ TMAC: \_\_\_\_\_\_\_ Finance Company: \_\_\_\_\_\_\_ Bank Financing: \_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_Company Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Name: Email:  |

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| APPLICANT HEREBY AUTHORIZES SHIBAURA MACHINE COMPANY, AMERICA AND TM ACCEPTANCE CORP AND THEIR AGENTS: (1) TO OBTAIN MORE CREDIT INFORMATION ABOUT THE COMPANY AND ITS PRINCIPALS AND TO MAKE INQUIRIES IN CONNECTION WITH THIS APPLICATION; (2) TO SHARE CREDIT INFORMATION WITH SHIBAURA MACHINE COMPANY, AMERICA’S AND TM ACCEPTANCE CORP.’S AFFILIATES AND AGENTS AS WELL AS APPLICANT’S OTHER CREDITORS, BUREAUS AND PERSONS WHO HAVE OR EXPECT TO HAVE FINANCIAL DEALINGS WITH THE APPLICANT OR ITS PRINCIPALS NAMES ABOVE; (3) TO SHARE COLLECTION INFORMATION WITH APPLICANT’S OTHER CREDITORS. ALL INFORMATION IN THIS APPLICATION IS TRUE, COMPLETE AND CORRECT. THE PERSONS SIGNING BELOW ON BEHALF OF APPLICANT ARE AUTHORIZED TO MAKE THIS APPLICATION ON ITS BEHALF AND TO AGREE TO THE FOREGOING. FOR APPROVED CUSTOMERS, PAYMENT TERMS FOR ALL MATERIAL AND SERVICES PURCHASED FROM SHIBAURA MACHINE COMPANY, AMERICA ARE **NET 30 DAYS**. |

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| *By: Title: Date:*  |
| *By: Title: Date:* |