

1-800-843-ESCO (3726)
or
Fax 1-605-882-1205



ESCO MFG., INC.
2020 4th Avenue SW
Watertown, SD 57201

CREDIT APPLICATION

Dear Customer:

We are pleased to accept this application for credit in complete confidence. We hope the few minutes it takes you to complete this form will be the start of a pleasant and lasting relationship.

Your cooperation in providing the following information will help us to establish your credit and better serve your future business needs. All information will be held in the strictest confidence. Your application will be reviewed and you will be notified in writing of our determination. Please allow four weeks for the processing of this application.

Please print or type:

COMPANY NAME: _____

MAILING ADDRESS: _____ STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

NAME OF OWNER: _____

NAME OF A/P PERSON: _____ DATE BUSINESS STARTED: _____

YEARS UNDER PRESENT MANAGEMENT: _____ # OF YEARS AT THIS LOCATION: _____

IS THIS CONCERN A: _____ CORPORATION - Business ID # _____

_____ PARTNERSHIP - Business ID # _____

_____ SS# of Principal Partners _____

_____ PROPRIETORSHIP

_____ SS# of Proprietor _____

RATED WITH DUN & BRADSTREET: _____ YES _____ NO

PLEASE INDICATE THE TYPE OF ACCOUNT FOR WHICH YOU ARE APPLYING:

_____ OPEN ACCOUNT _____ COMPANY CHECK _____ SECURED CREDIT

AMOUNT OF CREDIT REQUESTED: _____

ALL REQUESTED INFORMATION MUST BE PROVIDED BEFORE CONSIDERATION CAN BE GIVEN TO ESTABLISHING CREDIT.

BANK REFERENCE: (Please indicate a bank you are currently using and with which you have had credit experience.)

BANK NAME: _____ MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

ACCOUNT NUMBER: _____ CONTACT PERSON: _____

CREDIT REFERENCES: (Please include only those creditors with which your highest balance was equal to or greater than this credit request.)

CREDITOR NAME: _____ FAX NO.: _____

MAILING ADDRESS: _____

PHONE: _____ ACCOUNT NUMBER: _____

CREDITOR NAME: _____ FAX NO.: _____

MAILING ADDRESS: _____

PHONE: _____ ACCOUNT NUMBER: _____

CREDITOR NAME: _____ FAX NO.: _____

MAILING ADDRESS: _____

PHONE: _____ ACCOUNT NUMBER: _____

The above information is offered for consideration as a basis for the extension of credit.

Please mail this completed form along with your completed and most recent financial statement to:

Credit Department
ESCO Mfg., Inc.
P.O. Box 1237
Watertown, SD 57201

AUTHORIZATION TO RELEASE INFORMATION

_____ authorizes ESCO Mfg., Inc. to contact our creditors, along with trade and bank references for credit information. We further authorize said creditors and references to release our credit information to ESCO. Copies of this authorization are acceptable. Credit information may include a current balance sheet and/or profit and loss statement and is to be considered confidential.

Print name and title: _____

Signature: _____ Date: _____