



SELECT Products Limited

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CREDIT APPLICATION

COMPANY NAME _____ PHONE# _____

STREET ADDRESS _____ FAX# _____

_____ TOLL FREE# _____

CITY _____ STATE _____ ZIP _____

TYPE OF BUSINESS: CORPORATION _____ PARTNERSHIP _____ LLC _____ PROPRIETORSHIP _____

DATE BUSINESS ESTABLISHED _____ FEDERAL TAX ID NUMBER _____

FULL NAME OF OWNER(S) _____ TITLE(S) _____

SHIPPING ADDRESS (if different from above) _____

CITY _____ STATE _____ ZIP _____

DOES YOUR FACILITY HAVE SHIPPING DOCK? YES _____ NO _____ RECEIVING HOURS _____

BILLING ADDRESS (if different from above) _____

CITY _____ STATE _____ ZIP _____

ACCOUNTS PAYABLE CONTACT _____ PHONE _____ FAX _____

TITLE _____ EMAIL _____

WOULD YOU PREFER EMAILED INVOICES? YES _____ NO _____ EMAIL ADDRESS FOR INVOICES _____

NATIONAL TRADE REFERENCES (three required):

Company _____ Contact _____ Email or fax _____

Company _____ Contact _____ Email or fax _____

Company _____ Contact _____ Email or fax _____

BANK REFERENCES:

Name _____ Contact _____ Email or phone _____

"By signing this Credit Application, Customer agrees to pay all billings within 30 days of receipt and Customer further agrees to pay interest at the rate of one and one-half percent (1-1/2%) per month on any charges not paid within 30 days."

CUSTOMER SIGNATURE _____ DATE _____

TITLE _____

REP SIGNATURE _____ DATE _____