CREDIT APPLICATION

Sankey Equipment Company, Inc.

4331 Milling Road San Antonio, Tx. 78219

PHONE: 210-227-4178 FAX: 210-228-0377

INTER-OFFICE USE ONLY				
BUSINESS UNIT/DEPT	CUSTOMER TYPE			
DATE	MARKET CODE			
AB NUMBER				
C/L\$				

E-MAIL: kathy@sankeyequi		0511								
COMPANY	F		TELEPHOI		D.	FAX NO.		E-MAIL ADDRESS		
STREET ADDRESS	STREET ADDRESS		MAILING ADDR	MAILING ADDRESS			ı			
CITY	STATE	ZIP		TAX EXEMPT?		TAX EXI	EMPTION N COPY REC	UMBER FED TAX ID#		
				☐ YE						
BILLING ADDRESS					SHIPPING ADDRE	ESS – WRITE "SA ADDITIONAL SHEE"	ME" IF SAME AS E	BILLING ADDRES	SS, OTHERWISE COMPLETE THIS	
CITY	STATI		ZIP		CITY		STA	ATÉ	ZIP	
INSIDE CITY LIMITS?	Ico	UNTY			INSIDE CITY LIMI	TS?		COUNTY		
☐ YES ☐ NO					YES NO					
DUNS NO.		P.O. NU	MBERS ISSUE	D?	MONTHLY PURCHASES			TYPE OF BUSINESS		
				□NO	\$					
NAME OF OWNERS OR OFFICERS					TITLE			☐ CORPORATION		
1				_			☐ PARTNERSHIP ☐ PROPRIETORSHIP			
2								SIC CODE		
3										
NATURE OF BUSINESS					YEARS IN BUSINE	ESS				
ACCOUNTS PAYABLE CONTACT			TITLE			Т	ELEPHONE N	JMBER		
BANK REFERENCE ABA/ROUTING NUMBER			ACCOUNT NUMBER		TELEPHONE NUMBER					
MAILING ADDRESS			CITY			Ic	STATE		ZIP	
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NAME	EWAIL	AUUKE		OR CREDI	I KEPEKEN		E REQUII EMAIL ADDRES			
NAME										
MAILING ADDRESS CITY				S	STATE		ZIP			
NAME TELEPHONE NU		IONE NUMBER	MBER		EMAIL ADDRESS		<u> </u>			
MAILING ADDRESS CITY				5	STATE		ZIP			
NAME			TELEPHONE NUMBER		EMAIL ADDI		EMAIL ADDRES	RESS		
MAILING ADDRESS			CITY			S	STATE		ZIP	
OUR TERMS: NET TEN (10 D	DAYS)									

TO INDUCE YOU TO ACCEPT OUR CREDIT FOR PURCHASES UNDER YOUR CREDIT TERMS OF SALE, WE AUTHORIZE YOU TO CONTACT THE REFERENCES GIVEN ABOVE (INCLUDING OUR BANK) TO OBTAIN SUFFICIENT AND SATISFACTORY CREDIT INFORMATION. IN ADDITION, AS PARTIAL CONSIDERATION FOR THE APPROVAL OF OUR CREDIT, WE AGREE TO PAY A SERVICE CHARGE OF 1-1/2% PER MONTH (OR LESSER AMOUNT WHICH REPRESENTS THE LEGAL MAXIMUM RATE IN OUR STATE) ON ALL PAST DUE AMOUNTS (NOT IN DISPUTE) UNTIL OUR PAST DUE ACCOUNT IS PAID.

AUTHORIZED SIGNATURE REQUIRED	TITLE
PLEASE PRINT NAME	DATE