

EGGERS EXCAVATING

CREDIT APPLICATION

COMPANY NAME _____
STREET ADDRESS _____ P.O. BOX _____
CITY _____ STATE _____ ZIP CODE _____
PHONE NUMBER () _____ FAX NUMBER () _____ NO. OF YEARS IN BUSINESS _____
TYPE OF BUSINESS _____ IS PURCHASE ORDER REQUIRED _____
PLEASE CHECK ONE: SOLE PROPRIETOR PARTNERSHIP CORPORATION OTHER

OWNER OR PRESIDENT _____ SOCIAL SECURITY # _____
OR ACCOUNTING MANAGER _____ STATE TAX # _____

WE HEREBY CERTIFY THAT PURCHASES FROM YOUR COMPANY ARE:
 TAXABLE TAX EXEMPT (EXEMPTION NUMBER) _____

PERSONS AUTHORIZED TO SIGN FOR MERCHANDISE _____

BANK NAME (SAVINGS) _____ ADDRESS _____
CITY _____ STATE _____

BANK NAME (CHECKING) _____ ADDRESS _____
CITY _____ STATE _____

CREDIT REFERENCES

NAME _____ ADDRESS _____
CITY & STATE _____ PHONE () _____

NAME _____ ADDRESS _____
CITY & STATE _____ PHONE () _____

NAME _____ ADDRESS _____
CITY & STATE _____ PHONE () _____

TERMS: CHARGES DUE ON 10TH OF FOLLOWING MONTH WITHOUT PENALTY
SERVICE CHARGE: A SERVICE CHARGE OF UP TO 2% PER MONTH WILL BE ADDED TO ALL UNPAID BALANCES

SIGNATURE _____ DATE _____

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