



CREDIT APPLICATION
(PLEASE TYPE OR PRINT)

<p align="center">NEW ACCOUNTS P.O. Box 1422 York, Pennsylvania 17402 Phone: 717-849-0326 Fax: 877-727-4332</p>
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APPLICANT (BUSINESS OR CORPORATE NAME)			ACCOUNTS PAYABLE CONTACT NAME			APPLICATION DATE											
BUSINESS STREET ADDRESS						BILLING ADDRESS (STREET OR P.O. BOX)											
CITY			STATE			ZIP			CITY			STATE			ZIP		
DO YOU WANT INVOICES: <input type="checkbox"/> MAILED <input type="checkbox"/> FAXED (FAX # _____)																	
BUSINESS PHONE #			YEAR ESTABLISHED			TYPE OF BUSINESS:			IF INCORPORATED, IN STATE OF:			FINANCIAL STATEMENT					
BUSINESS FAX #			NUMBER OF EMPLOYEES			<input type="checkbox"/> SOLE PRIETOR			<input type="checkbox"/> WILL BE MAILED			<input type="checkbox"/> ENCLOSED					
E-MAIL ADDRESS			BUSINESS BUILDING IS:			<input type="checkbox"/> PARTNERSHIP			D & B <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> DECLINED					
			<input type="checkbox"/> OWNED <input type="checkbox"/> RENTED			<input type="checkbox"/> CORPORATION			RATING			DATE					
PRINCIPAL BUSINESS ACTIVITIES						PRIMARY SIC CODE			FEDERAL IDENTIFICATION NUMBER			HAS OWNERSHIP CHANGED IN THE LAST 2-5 YRS? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If Yes, Explain on a Separate Sheet of Paper)</i>					

OWNERS (IF APPLICANT IS A SOLE PROPRIETORSHIP OR PARTNERSHIP) OR OFFICERS (IF A CORPORATION)

NAME		TITLE		HOME ADDRESS				HOME PHONE NO.	
		SS#							
NAME		TITLE		HOME ADDRESS				HOME PHONE NO.	
		SS#							

BANK OR SAVINGS AND LOAN ASSOCIATION

NAME		BRANCH ADDRESS			ACCOUNT NUMBER		TYPE OF ACCOUNT	
NAME		BRANCH ADDRESS			ACCOUNT NUMBER		TYPE OF ACCOUNT	

APPLICANT'S PRINCIPAL SUPPLIERS (LIST AT LEAST THREE)

(Please Note: Complete addresses are necessary so that we can process your application promptly)

NAME		ADDRESS			FAX NUMBER		PHONE NUMBER	
NAME		ADDRESS			FAX NUMBER		PHONE NUMBER	
NAME		ADDRESS			FAX NUMBER		PHONE NUMBER	
NAME		ADDRESS			FAX NUMBER		PHONE NUMBER	

HAS APPLICANT OR ANY OF ITS PRINCIPALS EVER FILED A VOLUNTARY PETITION IN BANKRUPTCY? IF YES, EXPLAIN ON A SEPARATE SHEET OF PAPER. <input type="checkbox"/> YES <input type="checkbox"/> NO				HAS A TAX LIEN OR CIVIL SUIT BEEN FILED AGAINST APPLICANT OR ANY PRINCIPAL WITHIN THE LAST 6 YEARS? IF YES, EXPLAIN ON A SEPARATE SHEET OF PAPER. <input type="checkbox"/> YES <input type="checkbox"/> NO			
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TERMS: In consideration of the Van Air & Hydraulics extending credit to the Applicant, the Applicant agrees to pay within the established credit terms (net 30 days). Applicant acknowledges that a monthly service charge of 1 1/2% shall be made on all sums due Van Air & Hydraulics which have not been paid according to the invoice terms. Applicant agrees to pay a \$25.00 charge for any returned check. Should it become necessary to place the account with a collection agency or attorney, the Applicant agrees to pay all collection and attorney fees in addition to all other sums due. Applicant authorizes Van Air & Hydraulics to obtain credit and financial information concerning the Applicant at any time and from any source. Applicant agrees to indemnify Van Air & Hydraulics and its agents from any liability resulting from their credit survey. The undersigned warrants that the above agreement has been carefully read and that Applicant understands it completely.

<p>WE ESTIMATE OUR ANNUAL PURCHASES AT: \$ _____ AND REQUEST A CREDIT LINE OF: \$ _____</p>

PRINT NAME OF APPLICANT	TITLE
SIGNATURE OF APPLICANT (must be an officer of the Company)	DATE

Please attach Sales Tax Exemption Certificate. We are required by law to charge Sales Tax unless we receive an Exemption Certificate.
(Copy of Sales & Use Tax License is unacceptable.)