



BRETT EQUIPMENT CORPORATION APPLICATION FOR CREDIT

NAME OF COMPANY _____ PHONE NUMBER _____

ADDRESS _____ FAX NUMBER _____

CITY _____ STATE _____ ZIP _____ YEARS IN BUSINESS _____

The following information must be provided. It will be held in the strictest confidence.

OWNERSHIP:

1.	_____	_____	_____	_____
	NAME OF PRINCIPAL(S)	COMPLETE ADDRESS	ZIP	PHONE
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

FINANCIAL:

BANK _____ BANK ADDRESS _____

BANK OFFICER OR DEPARTMENT _____ PHONE _____

REFERENCES:

1.	_____	_____	_____	_____
	BUSINESS NAME	COMPLETE ADDRESS	ZIP	PHONE
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

We certify that all the information on this form is correct. We fully understand your credit terms are **NET 30** and agree to the proper payment in consideration of extended credit.

Signature _____

Date _____

Title _____