

# Curry FluidPower

1.800.567.5127 | www.curryfluidpower.com

## CREDIT APPLICATION

NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
COMPANY NAME \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
SHIPPING ADDRESS \_\_\_\_\_  
PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_ EMAIL \_\_\_\_\_

### CREDIT REFERENCES

(MINIMUM OF 3)

Please include email address or fax number for application to be processed.

COMPANY _____	COMPANY _____	COMPANY _____
ADDRESS _____	ADDRESS _____	ADDRESS _____
PHONE # _____	PHONE # _____	PHONE # _____
FAX # _____	FAX # _____	FAX # _____
EMAIL _____	EMAIL _____	EMAIL _____

### BANK INFORMATION

BANK NAME _____	ACCOUNT # _____
BANK OFFICER _____	ADDRESS _____
PHONE # _____	YEARS AT BANK _____
FAX # _____	

TAXABLE? YES \_\_\_\_\_ NO \_\_\_\_\_ TAX EXEMPT # \_\_\_\_\_  
(CERTIFICATE MUST BE SUBMITTED WITH APPLICATION)

### Accounts Payable

ACCOUNTS PAYABLE CONTACT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_ FAX: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
INVOICE PREFERENCE: EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_ MAIL: \_\_\_\_\_

336 TRAVELERS ROAD, EAST FREEDOM, PA 16637 | 814.224.0375 | FAX 814.696.3155

72 WILSON ROAD, EIGHTY FOUR, PA 15330 | 724.884.2060 | FAX 724.222.2635

1145 WEST GARY AVENUE, GILBERT, AZ 85233 | 602.661.6596 | FAX 480.590.0150

## ADDITIONAL CONTACTS

	Name	Phone	Email
OPERATIONS:	_____	_____	_____
PURCHASING:	_____	_____	_____
QUALITY:	_____	_____	_____
SALES:	_____	_____	_____
SERVICE:	_____	_____	_____
PARTS:	_____	_____	_____
OTHER:	_____	_____	_____
OTHER:	_____	_____	_____

## AGREEMENT

1. ALL INVOICES ARE TO BE PAID WITHIN 30 DAYS FROM THE INVOICE DATE.
2. CLAIMS ARISING FROM INVOICES MUST BE MADE WITHIN SEVEN BUSINESS DAYS.
3. BY SUBMITTING THIS APPLICATION YOU AUTHORIZE CURRY SUPPLY/CENTRAL HYDRAULICS TO MAKE INQUIRIES INTO THE BANKING AND CREDIT REFERENCES THAT YOU HAVE PROVIDED.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_