

ROBERT H. FINKE & SONS, INC.
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SELKIRK, NEW YORK 12158
TEL (518) 767-9331 • FAX (518) 767-2446
FinkeEquipment.com

APPLICATION FOR CREDIT
(please type or print)

Date _____ Amount of Credit Requested _____

Name (as account will be carried) _____

Billing Address _____

Shipping Address _____

City _____ State _____ Zip Code _____

Phone (____) _____ Fax (____) _____ Website _____

Type of Business _____

Year Established _____ At Present Location _____

Please check one: () Corporation () Partnership
() LLC () Sole Proprietor

Names and Titles of Officers or Owners

Name

Title

_____	_____
_____	_____
_____	_____

Brief Firm History

How did you hear about us? () Referral by _____
() Yellow Pages () Website
() Newspaper () Direct Mailing
() Called on by our salesman
() Other _____

What is the main purpose for an account with us? _____

If incorporated, in which state? _____

Is company a subsidiary of another? () Yes () No

If yes, name of other companies with which affiliated _____

Has this company, or an affiliate, ever filed for bankruptcy? () Yes () No

If yes, please specify _____

Are there any pending lawsuits, liens, or judgments against this company?
() Yes () No If yes, please specify _____

Is your company tax exempt? () Yes () No
**If yes, your resale # _____ and **include a resale or tax
exempt certificate with this application**

Bank References

Principal Depository Bank _____
City _____ State _____ Zip Code _____
Officer _____ Phone _____ Fax _____

Other Bank: _____
City _____ State _____ Zip Code _____
Officer _____ Phone _____ Fax _____

Trade References

Name _____	Name _____
Address _____	Address _____
Phone _____	Phone _____
Fax _____	Fax _____

Name _____	Name _____
Address _____	Address _____
Phone _____	Phone _____
Fax _____	Fax _____

Name _____	Name _____
Address _____	Address _____
Phone _____	Phone _____
Fax _____	Fax _____

<<<<THIS IS AN APPLICATION FOR CREDIT ONLY>>>>
<<<<TERMS ARE NET 30>>>>

**I certify that all information supplied on this application is true and correct
and I authorize the above listed references to release any necessary
information requested.**

Name (please print) Title Date

Signature