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CONSTRUCTION & MINING
EQUIPMENT DIVISION

MATERIAL HANDLING
EQUIPMENT DIVISION

GENERAL IMPLEMENT
DISTRIBUTORS

DITCH WITCH
INTERMOUNTAIN

CREDIT APPLICATION

Date _____ Approved By _____ Customer Number Assigned _____ For Credit Dept. Use Only _____ D&B Report _____ Cr. Llimit _____

Firm Name _____

Street or Box Number _____ City _____ State _____ Zip _____ Phone _____

Is this a
Corporation _____ Partnership _____ Individual/Proprietorship _____ Other _____ (Government authority, trust estate, joint venture.)

OWNERSHIP: Name _____ Complete Address _____ Zip _____ Phone _____

Owners/President _____

Partner/Officer _____

Partner/Officer _____

Partner/Officer _____

Federal I.D. Number/Social Security Number _____ Any Purchase Orders Required _____ Yes _____ No _____ Sales Tax Exemption Number if applicable _____ State _____ Copy or Certificate of Exemption Also Required _____

Credit Manager or A/P Manager _____ Year established/incorporated _____ State Where Incorporated _____

REFERENCES: Banks (include personal bank if proprietorship or partnership):
Name and Account Number _____ Address _____ Phone _____ Officer to Contact _____

1. _____

2. _____

Equipment Dealers and Other Suppliers (Open Accounts Preferred) _____ Phone _____ No. Years Done Bus. _____ Avg. Amount Monthly Acc't. _____

3. _____

4. _____

5. _____

6. _____

Miscellaneous Notes _____

**I ACKNOWLEDGE RECEIPT OF A COPY OF THIS APPLICATION
APPLICATION INCLUDES ALL INFORMATION ON REVERSE SIDE.**

Approved By _____ Signature of Customer _____ Date _____

