

# C. E. BECKMAN COMPANY



-Marine Distributor-

## Application for Credit Customer

*Please print or type*

**Company Information**

Customer Name: \_\_\_\_\_ Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Purchasing Contact: \_\_\_\_\_

Shipping Address: \_\_\_\_\_ Accounting Contact: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Website: \_\_\_\_\_

Year Establish: \_\_\_\_\_ Email: \_\_\_\_\_  
 Federal ID #: \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Owner/President: \_\_\_\_\_

Sales Exempt Number: YES NO  
 If yes, please fill out appropriate form

Credit Terms: ACCOUNT COD Visa MasterCard Discover AMEX

Cardholder Name: \_\_\_\_\_ Credit Card Number: \_\_\_\_\_

Cardholder Address: \_\_\_\_\_ Expiration: /

Security Code: \_\_\_\_\_

Purchase Order Required: YES NO Backorders Accepted: YES NO

**Trade References: (List 2)**

| <i>Company Name</i> | <i>Address</i> | <i>Phone</i> | <i>Fax</i> |
|---------------------|----------------|--------------|------------|
|                     |                |              |            |
|                     |                |              |            |

\_\_\_\_\_  
*Signature* \_\_\_\_\_  
*Title* \_\_\_\_\_  
*Date*

|                     |                   |                      |  |
|---------------------|-------------------|----------------------|--|
| <i>APPROVED</i>     | Account No: _____ | Date: ____/____/____ |  |
| <i>NOT APPROVED</i> | Reason: _____     |                      |  |