



Bayne Machine Works, Inc.

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CREDIT APPLICATION

BUSINESS INFORMATION:

Company Name: _____

Billing Address: _____

Primary Shipping Address: _____

County Location of Primary Shipping Address: _____

Phone Number () _____ Fax Number () _____

Type of Business: _____ Corporation, _____ Partnership, _____ Individual

Nature of Business: _____ Number of Employees _____

Years in Business: _____ Federal ID or SS #: _____

President: _____ Duns: _____ SIC or NAIC Code: _____

Purchasing Contact: _____ Accounting Contact: _____

Would purchases be Subject to Sales or Use Tax _____ YES _____ NO (If no, please include a Certificate of Resale or Exemption with this Credit Application)

Has your Company or its Owner ever filed for Bankruptcy: _____ NO _____ YES

Name of Owner(s): _____ Home Phone #: _____

Home Address: _____

Owner's Personal SS Number (s): _____

If your Company uses a standard credit application with the information requested below already on it, please attach and proceed to "Agreement" section.

BANK INFORMATION:

Primary Bank: _____ City/State _____

Account Number _____ Phone # () _____ FAX # () _____

Contact Name: _____

CREDIT REFERENCES:

Company Name: _____ Phone # () _____ FAX # () _____

Address: _____ Contact Person: _____

Company Name: _____ Phone # () _____ FAX # () _____

Address: _____ Contact Person: _____

Company Name: _____ Phone # () _____ FAX # () _____

Address: _____ Contact Person: _____

Agreement: I agree to pay all invoices within terms:

Signed: _____ Application must be signed by an officer of the company.

Print Signer's Name _____ Signer's Title _____

Date _____