

Intella Liftparts, Inc.
Credit Application
PLEASE EMAIL BACK TO: sales@intellaliftparts.com

BUSINESS NAME: _____

Address: _____

Phone #: (____) _____ Fax #: (____) _____

How many forklifts & other mobile equipment does your organization operate? ____ (required)

Corp ____ Partnership ____ Sole Proprietor ____ If sole proprietor, list Soc. Sec. # _____

Federal Tax ID#: _____ Date Business Started: _____

Sales Tax Status: ____ Taxable ____ Non-Taxable (MI or CA locations please attach sales tax exemptions)

Key Contact: _____ Accounts Payable Contact: _____

Key Contact Email: _____ Accounts Payable Email: _____

**If your organization has multiple locations,
please explain where invoices should be sent.

Names of Principals or Officers:

Name: _____ Title: _____

Name: _____ Title: _____

BANK REFERENCE

Bank Name: _____ Account #: _____ Phone #: (____) _____

Address: _____ Contact: _____
Name/Title

TRADE REFERENCES

1) Name: _____ Phone #: (____) _____ Fax #:(____) _____

Address: _____

Email Address: _____

2) Name: _____ Phone #: (____) _____ Fax #:(____) _____

Address: _____

Email Address: _____

3) Name: _____ Phone #: (____) _____ Fax #:(____) _____

Address: _____

Email Address: _____

Terms of Credit Agreement

The information listed above is accurate and true and is provided for the sole purpose of obtaining credit. I/we give full authorization to the creditor, Intella Liftparts Inc to investigate the references listed regarding my/our financial responsibility and credit status.

I/we, the undersigned applicant, agree in making this request to assume full obligation in making prompt payment on all invoices. Furthermore I/we understand that your payment terms are net 30, meaning that all invoices are due within 30 days of billing. I/we fully understand that invoices not paid within 30 days of invoice date are subject to a finance charge.

I/we authorize this charge and agree to pay 1 1/2% (one and a half percent) per month on all unpaid balances reaching 31 or more days beyond the invoice date. I/we agree that if it shall become necessary to place my/our account for collection, I/we shall assume full obligation in paying any and all costs of collection, including collection agency fees, attorney fees, and any other costs or expenses of any legal proceedings.

Signature

Printed Name

Date

Please tell us some information about your company:

NATURE OF YOUR BUSINESS:

OEM DEALER [] INDEPENDENT [] PARTS SPECIALIST [] OTHER [] _____

OEM LINES REPRESENTED _____

YEARS IN BUSINESS: _____ NUMBER OF EMPLOYEES: _____

NUMBER OF LIFT TRUCK TECHNICIANS (TOTAL COMPANY, IF APPLICABLE): _____

CONTACT INFORMATION:

PRESIDENT: _____

Email: _____

OPERATIONS/BRANCH MANAGER: _____

Email: _____

PARTS MANAGER: _____

Email: _____

SERVICE MANAGER: _____

Email: _____

OTHER CONTACT: _____

Email: _____

CENTRAL BILLING:

If you have multiple branches, please explain how you wish to be billed (invoices will be emailed)

Thank you for your interest in Intella Liftparts Inc!