

**Intella Liftparts, Inc.**  
**Credit Application**  
PLEASE COMPLETE **ENTIRE** FORM  
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 (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**

**Before you just attach your generic references please note: we prefer references that are going to respond quickly via email. We cannot get your account set up until we hear back from your references! The best chances for a quick response are indirect material vendors and service providers.**

1) Name: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_ Fax #:(\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_ Fax #:(\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

3) Name: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_ Fax #:(\_\_\_\_\_) \_\_\_\_\_

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 these contacts to receive promotional material via email and automated phone calls from Intella Liftparts. 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)*

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Thank you for your interest in Intella Liftparts Inc!