



GRINDMASTER™
CORPORATION

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CREDIT APPLICATION

Telephone: 800.695.4500 FAX: 502.326.1421

P.O. BOX 35020 LOUISVILLE, KY 40232-5020

CUSTOMER INFORMATION

NAME: _____

PHONE NUMBER: _____ FAX NUMBER: _____

MAILING ADDRESS: _____ STREET: _____

CITY, STATE, ZIP: _____

NUMBER OF YEARS IN BUSINESS: _____ COUNTY: _____

TYPE OF BUSINESS: _____ REQUESTED CREDIT LIMIT: _____

IF PURCHASES ARE EXEMPT FROM SALES TAX, PLEASE ATTACH FORM WITH THIS APPLICATION

TRADE REFERENCES:

NAME: _____ ADDRESS: _____

PHONE: _____ FAX: _____

NAME: _____ ADDRESS: _____

PHONE: _____ FAX: _____

NAME: _____ ADDRESS: _____

PHONE: _____ FAX: _____

BANKING REFERENCES:

NAME OF BANK: _____ PERSON TO CONTACT: _____

CHECKING ACCOUNT NUMBER: _____ PHONE NUMBER: _____

TYPES OF LOANS IF ANY: _____

NAME AND SIGNATURE OF PERSON WHO MAY AUTHORIZE RELEASE OF BANK INFORMATION:

NAME: _____ SIGNATURE: _____

TO REPLY BY FAX: 502.326.1421 ATTN: CREDIT DEPARTMENT

TO REPLY BY EMAIL: info@grindmaster.com