

**PLEASE COMPLETE ALL PAGES.** You may attach your own list of references. **ONE (1) Bank Reference and a minimum of THREE (3) Trade References are required for processing.** Please fax or email the signed & completed form to 516-612-0094 or Credit@Barton.com.



Company Name:  Phone No:

Shipping Address:  Fax No:

City:  State:  Zip Code:

Billing Address:  County:

City:  State:  Zip Code:

Type of Business (Please check one):  Corporation  Partnership  Individual  LLC  LLP

Federal Tax ID:  D & B Number:  Year Started Business:

State Incorporated:  No. of Employees:  Web Site:

Description of Business (Please check one):  Waterjet  Blast  Other

Anticipated Annual Purchases: Pounds:  - OR - Tons:  VAT#:

Accounts Payable Contact:  Phone Number:  Email:

Valid Email Address or Fax number to Send Invoices to:

### Company Officers

President:  Email:  Mobile Number:

Vice President:  Email:  Mobile Number:

Controller/Treasurer:  Email:  Mobile Number:

### Sales Tax Exempt

Yes If Yes, Exempt#   No Exempt Certificate Must Accompany Credit Application

### PLEASE COMPLETE THE FOLLOWING - INCLUDE FAX NUMBER

#### BANK:

Name:  Account No:

Address:

City:  State:  Zip:

E-mail:  Contact:

Phone No:  Fax No:

PLEASE COMPLETE THE FOLLOWING - INCLUDE FAX NUMBER



**TRADE:**

Name:	<input type="text"/>	Account No:	<input type="text"/>
Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
E-mail :	<input type="text"/>	Zip:	<input type="text"/>
Phone No :	<input type="text"/>	Contact:	<input type="text"/>
		Fax No :	<input type="text"/>

**TRADE:**

Name:	<input type="text"/>	Account No:	<input type="text"/>
Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
E-mail :	<input type="text"/>	Zip:	<input type="text"/>
Phone No :	<input type="text"/>	Contact:	<input type="text"/>
		Fax No :	<input type="text"/>

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Name:	<input type="text"/>	Account No:	<input type="text"/>
Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
E-mail :	<input type="text"/>	Zip:	<input type="text"/>
Phone No :	<input type="text"/>	Contact:	<input type="text"/>
		Fax No :	<input type="text"/>

**Please note payment remit to address:**

**BARTON INTERNATIONAL  
P.O. BOX 62516  
BALTIMORE, MD 21264-2516**

The information contained in this form is provided for the purpose of establishing or increasing credit. The undersigned understands that Barton is relying on the information provided herein in determining to grant or expand credit. The undersigned represents and warrants that the information provided is true and complete and Barton may consider it as continuing to be true and correct until a written notice of change is given to Barton by the undersigned. Barton is authorized to make all inquiries deemed necessary including but not limited to obtaining consumer credit reports on owners or principals of the company in order to verify the accuracy of the statements made herein to determine creditworthiness. The undersigned hereby agrees any disputes arising out of this agreement or goods and merchandise ordered or delivered pursuant hereto will be governed and settled under applicable principles of New York law, under jurisdiction of the State of New York Courts and that venue in any such action shall be in the County of Warren.

NOTE: Unless otherwise stated in your welcome letter our standard terms are Net 30 days. It is understood and accepted by signing this form that a service charge will be added to past-due invoices each month in the amount of 1.5% (annual rate 18.0%) on payments received late. Customer agrees to pay all costs of collection, including but not limited to attorney fees. Merchandise may not be returned without prior authorization from Barton.

By signing this form, I acknowledge that I have read and understand the terms of sale and agree to abide by them.

All information above & attached correspondence included with this form is true to the best of my knowledge.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Print Name:

\_\_\_\_\_  
Title:

\_\_\_\_\_  
Date

**Barton International** Tel: (518) 615-2052  
**Six Warren Street**  
**Glens Falls, NY 12801** Fax: (516) 612-0094