350 Ivyland Road, Suite 100 - Warminster, PA 18974
Phone: 215-443-9090

CREDIT APPLICATION

Please Print and Return Signed Form to: Martina.Oberst@Omnilift.com

Billing Information		Shipping Location (if different)	
Company Name*		Company Name	
Address*		Address	
Address		Address	
City, State Zip*		City, State Zip	
Telephone No.*		Telephone No.	
Contact*		Contact	
Email*		Email	
Website			

Federal Tax ID		Year Incorporated	
Type Business		State of Incorp.	
SIC Code			

Check One ○ Corporation ○ Partnership ○ Sole Proprietor

Sales Tax Exempt? If yes, please provide a current Sales Tax Exemption Certificate: ○ Yes ○ No

Has this company of any of its affiliates ever filed for reorganization or been declared bankrupt? ○ Yes ○ No

Accounts Payable Information

Contact Name*	
Contact Phone*	
Contact Email*	
Invoice Submission Email*	

Credit References (Please Provide Three)

Company Name		Address	
		Phone	
Contact Name		Email	

Company Name		Address	
		Phone	
Contact Name		Email	

Company Name		Address	
		Phone	
Contact Name		Email	

Banks/Financial or Leasing Companies

Company Name		*Account No.*	
		Phone	
Contact Name		*Email*	
Company Name		*Account No.*	
		Phone	
Contact Name		*Email*	
Company Name		*Account No.*	
		Phone	
Contact Name		*Email*	

I/We authorize OMNILIFT to make whatever credit inquiries it deems necessary in connection with this credit application or in the course of review or collection of any credit extended in reliance on the application. I/We authorize and instruct any person or consumer reporting agency to compile and fuirnish to OMNILIFT any information it may have or obtain in response to such credit inquiries and agree that same shall set forth in this application is declared it be a true representation of facts made for the purpose of obtaining the credit requested any any willfull misrepresentation on this application could result in criminal action.

Signature		*Title*	
Print Name		*Date*	