



If you are a **returning customer**, please fill out the top section.

If you are a **new customer** please fill out the entire form.

By submitting this application, I hereby declare that the below statement is true to the best of my knowledge and belief, and discounts will not be used for unintended purposes.

#### Company Information

Title: _____	Company Type: <input type="checkbox"/> OEM <input type="checkbox"/> Reseller <input type="checkbox"/> End User
Company name: _____	If Reseller... (Please attach reseller certificate to application)
Phone: _____	Companies you sell to: _____
Fax: _____	Major markets served: _____
Email: _____	Geography Covered: _____
Street Address: _____	# of Outside Sale Personnel: _____
City, State, ZIP Code _____	
Date business commenced: _____	If OEM...
Number of employees: _____	Expected yearly usage: _____
Parent Company (if applicable): _____	Describe product/application: _____
NAICs Code: _____	

#### Credit Application:

By submitting this application, you authorize Clark Cooper to make inquiries into the banking and business/trade references that you have supplied.

#### Business and Credit Information

Business Address: _____	Bank name: _____
_____	D&B #: _____
How long at current address? _____	Primary business address: _____
Phone: _____	City, State ZIP Code _____
Email: _____	Type of account: <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

#### Business / Trade References

Company name: _____	Type of account: _____
Address: _____	Phone: _____
City, State, ZIP Code: _____	Email: _____
_____	
Company name: _____	Type of account: _____
Address: _____	Phone: _____
City, State, ZIP Code: _____	Email: _____
_____	
Company name: _____	Type of account: _____
Address: _____	Phone: _____
City, State, ZIP Code: _____	Email: _____
_____	

#### Signature

Signature: _____	Date: _____
Name and title: _____	