SHORE EQUIPMENT COMPANY P. O. BOX 8324 NORFOLK, VA 23503 (757)858-1851/FAX (757)858-1849

CREDIT APPLICATION

Company Name	Trading As:					
Mailing Address:						
	Contact Name:					
Sales and Use Tax Certificate of Exemption will be required for all resale accounts.						
Please List Five Major Credit References That We May Contact For Information. This Information Will Be Used Only For The Purpose of Establishing An Account For Your Company.						
Sign and Print Name Here For Release Aut	thorization:Date:					
Reference Name:	Phone Number:					
Address:						
Reference Name:						
Address:						
Contact:						
	Phone Number:					
Address:						
	Phone Number:					
Reference Name:						
	Acct #:					
Please List A Bank Reference That We May Contact For Information. This Information Will Be Used Only For The Purpose of Establishing An Account For Your Company.						
Sign and Print Name Here For Release Aut	chorization:Date:					
Bank Name:	Phone Number:					
Contact:	Acct #·					

Check One:	Corporation	Partnership	Individual	
Name, Address, A	nd Social Security Numb	per Of Principals:		
Name And Title:_				SSN:
Address:				
Name And Title:_				SSN:
Address:				
Name And Title:_				SSN:
Address:				
		Personal Gu	arantee	
referred to as appli all charges made fo This perso Shore Equipment r	icant, do hereby individu or supply and delivery of onal guarantee shall rema	ally, jointly and severally g any parts and/or services s ain effective and renew itse ion that the undersigned gu	guarantee, agree to pa supplied to applicant. If each time a purcha	ase is made and shall remain effective until
Dated:		_		

All sales are subject to our standard terms and conditions, a copy of which will be provided upon request.