

CREDIT APPLICATION

KRIHA Fluid Power



RETURN TO: Attn: Accounting Dept
2133 Cornhusker Hwy. Lincoln NE 68521
OR - Email to: sales@krihafp.com
OR - Fax to: 402-438-8304
Questions - Call Accounting: 402-438-8303, x 1255

Your Company Name: _____

'Bill to' Address

'Ship to' Address

Phone: _____ Fax: _____ E-mail: _____

Preferred Method to receive Invoices: Mail: Fax: Email:

CONTACT PERSON OR PURCHASING AGENT _____

If NON-Taxable - list Sales Tax ID # _____
& enclose copy of State Exemption Certificate

CREDIT REFERENCES: *Please DO NOT use banks or finance companies.*

Company Name: _____

Address: _____

City,State,Zip: _____

Phone: _____ Fax: _____

Company Name: _____

Address: _____

City,State,Zip: _____

Phone: _____ Fax: _____

Company Name: _____

Address: _____

City,State,Zip: _____

Phone: _____ Fax: _____

DATE: _____ Filled out by: _____

Name Printed: _____