# ACCU -CUT CREDIT APPLICATION

**BROCKIE INTERNATIONAL, INC. ♦ 28114 COUNTY ROAD 561 ♦ TAVARES, FL  32778**

PHONE: 1-800-222-8288 ♦ FAX: 1-888-611-6049

*Application is hereby made for the extension of credit:*

**BUSINESS INFORMATION**

Full Legal Business Name _____

*Billing* Address _____

City/State/Zip _____

Telephone _____     Fax _____

*Ship To* Address _____

City/State/Zip _____

Type of Business:     *Proprietorship* _____     *Partnership* _____     *Corporation* _____

Number of Years in Business: _____     Federal ID Number _____

**PAYABLES**

Contact Person _____     Title _____     Phone _____

**BANK REFERENCE**

Name of Bank _____     Phone _____

Branch Address (City, State) _____

Bank Account # _____     Bank Contact _____

**TRADE REFERENCES**

Trade References (Name, City, State, Telephone Number)

1. _____ ( ___ ) _____

2. _____ ( ___ ) _____

3. _____ ( ___ ) _____

**MACHINE INFORMATION**

Model _____ Cost  $ _____ Lease Term _____

**CONSENT** I hereby represent that I am authorized to submit this application on behalf of the customer named above, and that the information provided is for the purpose of obtaining credit and is warranted to be true. I/We hereby give my/our consent to have Brockie and/or their/its assigns to obtain any and all information regarding my/our employment, checking, and/or savings accounts, credit obligations, rental information and all other credit matters which they/it may require for the purpose of determining my/our credit worthiness. This consent is effective for a period of six months from the date of this consent. It is agreed and understood that all necessary collection and legal expenses and interest may be charged to debtor in the event of default or failure to pay for goods sold and delivered.  I/we further represent that the customer applying for credit has the financial ability and willingness to pay all invoices within established terms. Lessee agrees that a facsimile copy of this Application and the Machine Delivery & Acceptance Form will be treated as an original and will be  admissible as evidence of this Application and your unconditional acceptance of the Equipment.

Signature _____     Title _____ Date _____

Signature _____     Title _____ Date _____