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REMIT ADDRESS:
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 CAROL STREAM, IL 60122-4368

CREDIT APPLICATION

FIRM NAME: _____

DBA(IF APPLICABLE): _____

BILLING ADDRESS:

SHIPPING ADDRESS(IF DIFFERENT FROM BILLING)

STREET: _____	STREET: _____
CITY: _____	CITY: _____
STATE: _____	STATE: _____
ZIP: _____	ZIP: _____
PO BOX: _____	PHONE: _____
PO ZIP: _____	FAX: _____
PHONE: _____	A/P CONTACT: _____
FAX: _____	A/P EMAIL: _____

BUSINESS IS A: CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP

DATE INCORPORATED: _____ YEARS IN BUSINESS: _____

PO REQUIRED: YES NO FEDERAL TAX ID #: _____

****PLEASE ATTACH YOUR CURRENT, COMPLETED AND SIGNED RESALE/EXEMPTION CERTIFICATE**

OFFICER(S) NAME	TITLE	HOME ADDRESS	PHONE	SSN

BANK REFERENCE: ACCOUNT#: _____

NAME: _____ ADDRESS: _____

PHONE: _____ CITY: _____

FAX: _____ STATE: _____ ZIP CODE: _____

TRADE REFERENCES:

EQUIPMENT SUPPLIER	ADDRESS	PHONE	FAX	ACCT NUMBER

I(WE) HAVE COMPLETED THIS APPLICATION TO OBTAIN CREDIT AND CERTIFY THAT ALL STATEMENTS CONTAINED THERE OF ARE TRUE AND ACCURATE. I(WE)AGREE THAT CREDIT INQUIRIES MAY BE MADE AND AUTHORIZE THE RELEASE OF SUCH INFORMATION. I(WE) UNDERSTAND AND AGREE THAT ANY CREDIT GRANTED SHALL BE PAID PROMPTLY IN ACCORDANCE WITH CREDIT GRANTOR TERMS AND AGREEMENTS. I(WE) ALSO UNDERSTAND AND AGREE THAT CREDIT GRANTOR MAY ADD LEGAL RATE OF INTEREST PER MONTH TO ANY BALANCE NOT PAID IN ACCORDANCE WITH SAID TERMS AND AGREEMENTS. I(WE) ALSO AGREE IN THE EVENT OF DEFAULT TO PAY REASONABLE COLLECTION CHARGES, ATTORNEY FEES AND COURT COSTS WHERE APPLICABLE. FACSIMILE SIGNATURES HAVE THE SAME EFFECT AS ORIGINAL SIGNATURES.

AUTHORIZED SIGNATURE _____ DATE: _____
 (OFFICER, OWNER)
 PRINTED NAME _____ TITLE: _____
 FIRMS NAME: _____