

Experience. Innovation.



Dear Customer:

Thank you for choosing BILCO, an AmesburyTruth Company, as your valued supplier!

Before orders can be accepted, the BILCO Credit Application form must be completed and processed. Customers paying by credit card are additionally required to complete and return BILCO's Credit Card Authorization form before we can accept and enter your order.

Enclosed you will find the above-mentioned forms and instructions. To comply with state sales tax law requirements, it is necessary that we have a current blanket resale or tax exemption certificate on file for all customers who claim a sales tax exemption.

The application process may take up to three business days to process. Please be advised that product lead times begin from the date of order entry after the application process is completed and/or the credit card form is received.

If you have any questions, please contact BILCO's Credit Department. We look forward to doing business with you!

Best Regards,

The BILCO Company
an AmesburyTruth Company

Products

- Access
- Ventilation
- Fire Protection
- Safety and Security

The BILCO Company
P.O. Box 1203
New Haven, CT, USA 06505
Tel: 203.934.6363
Fax: 203.535.1582
Web: www.bilco.com
Email: bilco@bilco.com



INSTRUCTIONS

CREDIT APPLICATION

- Company Information section must be filled out completely.
- Complete the Reference Section or attach your bank and trade references.
- Sign application

NOTE: An authorized bank signer must sign the credit application in order for your bank to release bank information.

CREDIT CARD AUTHORIZATION (required only if paying by Credit Card)

- Credit Card billing information must be filled out completely.
- Sign credit card authorization

TAX EXEMPTION OR RESALE CERTIFICATE

- Attach your tax exemption or resale certificate.

If you have any questions regarding the requested information, please contact the credit department at credit@bilco.com.

Best Regards,

The BILCO Company
Credit Department



CREDIT APPLICATION

Company information (required) Customer No.: _____ TSM: _____ AT Location: _____

Full Legal Name/Business Entity:		Company Website:	
Doing Business as (DBA):			
Billing Address:	City:	State:	Zip:
Company type: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Government <input type="checkbox"/> Other:			
Number of employees:	Year established:	Annual sales:	Type of business:
Federal Tax ID:	Dunn & Bradstreet #:	Requested Credit Limit:	
A/P contact name: _____		E-mail Address: _____	
A/P Phone #: _____		A/P Fax #: _____	

Sales Tax Information

<input type="checkbox"/> Taxable <input type="checkbox"/> Resale <input type="checkbox"/> Exempt – List states of exemption: _____	**Attach copy of exemption /resale certificate**
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Bank References (Must include bank account number)

Bank name:	Contact person:	Phone#:
Business checking account #:	Business savings account #:	
Address:	City:	State: Zip:

Trade Credit References

Company name: _____	Contact person: _____	Phone#: _____
Address: _____	City: _____	State: _____ Zip: _____
Company name: _____	Contact person: _____	Phone#: _____
Address: _____	City: _____	State: _____ Zip: _____
Company name: _____	Contact person: _____	Phone#: _____
Address: _____	City: _____	State: _____ Zip: _____

BILCO STANDARD PAYMENT TERMS FOR CUSTOMERS APPROVED FOR CREDIT ARE NET 30, FOB SHIPPING POINT. TERMS AND CONDITIONS CAN BE FOUND AT WWW.BILCO.COM. Applicant certifies that the above information, given for the purpose of credit application, is true and correct and Applicant authorizes BILCO, an AmesburyTruth Company ("BILCO"), its employees, agents and any credit bureau or other investigative organization to investigate any and all references, statements and other data listed above or accompanying this application. Applicant hereby authorizes all parties contacted in connection with this credit application to release credit and financial information, by telephone, fax, or other means, as a part of this application process. The preceding authorization shall remain in effect unless and until withdrawn by Applicant in writing. Applicant agrees to fully comply with all BILCO terms of sale, including but not limited to full payment within specified payment terms. BILCO reserves the right to charge and Applicant agrees to pay late fees for payments not received by BILCO within the specified payment terms, but only to the extent allowed by law. Applicant agrees to reimburse BILCO, an AmesburyTruth Company ("BILCO ") for all expenses incurred by BILCO, including but not limited to reasonable collection agency fees, attorney's fees and court costs, in attempting to collect from Applicant amounts owed to BILCO. All returned NSF checks are subject to a \$35.00 fee. Acceptance of this application or extension of credit to Applicant by BILCO shall not constitute an ongoing commitment or agreement to extend credit or otherwise transact business with Applicant. The terms of this Credit Application supersede and override any terms contained in a purchase order or other agreement that may contradict or attempt to override the terms in this Credit Application.

Authorized Bank Signer/Company Officer Signature: _____ Date: _____

Name (typed or printed): _____ Title: _____



CREDIT CARD AUTHORIZATION FORM

Required if paying by credit card

Credit Card Billing Information:	Customer Number:
Your Company Name:	Federal Tax ID #
Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	
Credit Card Number:	
Security Code (CVC)#:	
Expiration Date:	
Name as it appears on the credit card: _____	
Contact name if different: _____	
Phone number: _____ Fax Number: _____	
Credit card billing address: _____	
City/State/Zip: _____	
Email address for credit card receipt: _____	
Bill my freight-collect account# : _____	
all freight charges appear as a separate charge on credit card statement	

Payment Information: (Please choose the option that best applies)		
Apply to below Invoice No.	Apply to below purchase order No.	Apply to below Order No.

The undersigned is an authorized representative of the above Company and has authorization to make purchases on behalf of the above mentioned company:

Authorized Signature _____ Date _____
(Required)