



# Customer Application For Credit

Palmer Bit Co.  
PO Box 4155  
Williston, ND 58802

Application must be completed in its entirety and signed to be processed.

## BUSINESS CONTACT INFORMATION

Company name:			
Accounts Payable Contact:			
Phone:	Fax:	E-mail:	
Bill to address:			
City:	State:	ZIP Code:	
Ship to address:			
City:	State:	ZIP Code:	
Proprietorship:	Partnership:	Corporation:	Personal:

## BANK REFERENCE

Bank name:			
Bank address:		Phone:	
City:	State:	ZIP Code:	
Type of account:		Account number:	

## BUSINESS /TRADE REFERENCES

Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	

### THE SECTION BELOW MUST BE SIGNED

Terms are Net 30 days from date of invoice unless otherwise agreed upon in writing. The undersigned authorizes and releases all bank, persons and companies listed on this application, to furnish information and authorize the checking of credit performed by Palmer Bit Company. The undersigned agrees to pay all collection costs, court costs and legal fees incurred to collect delinquent balances.

Name:	Title:	Date:
Name:	Title:	Date: