



**BEST CHOICE FLUID POWER**

Phone: 502-499-8430  
Fax: 502-499-8436

**Remit To Address:**  
Best Choice Fluid Power  
1808 Cargo Court  
Louisville, KY 40299  
FED ID# 01-0645481

### Confidential New Account / Credit Application

Applicant's Name: \_\_\_\_\_ Shipping Address: \_\_\_\_\_

Business Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DBA: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Parent Company: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Address: \_\_\_\_\_

A/P Phone Number: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

A/P Fax Number: \_\_\_\_\_ D-U-N-S Number: \_\_\_\_\_

#### Company Information

Employer Fed. ID # or  
Social Security Number: \_\_\_\_\_

- Corporation  Limited Liability Co.  Partnership
- Sole Proprietorship

President: \_\_\_\_\_

Vice President: \_\_\_\_\_

#### Sales Tax Status

Taxable  Non-Taxable Exempt # \_\_\_\_\_  
(Exemption Certificate Required)

#### Terms of Sale

Merchandise shipped to customers on open account remains the property of BC Fluid Power, LLC (Seller) until such time as Invoice has been paid in full and funds have cleared.

#### Payment and Late Fees

The terms for payment are NET Invoice -thirty (30) days. Past due Invoice amounts shall accrue a Late Payment Fee of 1 1/2% per month (18% APR) : Accounts having past due invoices shall be placed on C.O.D.

#### Collection Expense

The customer agrees, that in the event this account is placed for collection, to pay all costs, including, but, not limited to attorney fees, court costs and collection agency fees in addition to late payment fees and amounts due.

**This application will not be processed without a signature. We have read the above and agree to the terms and conditions.**

NAME OF FIRM \_\_\_\_\_ D/B/A \_\_\_\_\_

OWNER, OFFICER, GENERAL PARTNER \_\_\_\_\_ TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Provide references on the following page**



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**References**

Must have complete address and fax number for each reference

**Trade References**

Business Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**Bank References**

Bank Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Account # Checking: \_\_\_\_\_