



## Zilmet USA Application form for new customers

Legal Company name: \_\_\_\_\_

Billing Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Business phone # \_\_\_\_\_

Business fax # \_\_\_\_\_

Company website

\_\_\_\_\_

Preferred method of receiving invoices? Mail, fax, email?

Accounts payable contact information

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

Email: \_\_\_\_\_

Purchaser contact information

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

Email: \_\_\_\_\_

Please provide the following information with this credit application:

G.S.T / Federal Tax ID # (Please provide copy): \_\_\_\_\_

Tax Exempt (Please provide copy): \_\_\_\_\_

### **Officers:**

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

Title: \_\_\_\_\_

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

Email: \_\_\_\_\_



**Credit References (extending comparable purchases)**  
**(minimum of 3):**

Company name \_\_\_\_\_

Company name \_\_\_\_\_

Company name \_\_\_\_\_

**Bank References:**

(Please list all active accounts)

Bank name: \_\_\_\_\_

Bank name: \_\_\_\_\_



**Release of Account Information:**

The undersigned declares that the information provided above is accurate. The undersigned agrees that for the purpose of opening an account, Zilmet USA may obtain a credit statement from all present suppliers, from the financial institution of the undersigned and recognized credit agencies. Zilmet USA agrees to ensure that this information remains confidential and that it will be used only to validate the client's capacity to pay and payment history.

Applicant's company name: \_\_\_\_\_

Authorized By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you,

Zilmet USA  
Accounts Receivable Department  
Office: 843-983-1000

Please email credit application to [info@zilmetusa.com](mailto:info@zilmetusa.com)  
or fax it to (401) 287-4951