



Corporate Headquarters
 PO BOX 1400
 ONTARIO, CA 91762
 SALES: 800.227.2136
 ACCOUNTING: 909.395.0244

QA-006

Maint. Repair Operations
 Manufacturer
 Motor Shop
 Other: _____

Midpoint Bearing Credit Application

Company Information

Full Legal Name/Business Entity		Phone Number		Fax Number	
Billing Address		City	State	Zip	
Shipping Address		City	State	Zip	
Company Type: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other					
No. of Employees:		Year Business Established:		Annual Sales:	
Federal Tax ID (If Incorporated)		State of Inc.	D & B Number:	Website	
SIC CODE:			NAICS CODE:		
Property purchased will be for resale <input type="checkbox"/> Yes <input type="checkbox"/> No **If yes please provide copy of resale certificate					
If manufacturer, please state the item manufactured at this facility:					

Sales Contact Information

Name	Title	Phone	Email Address:

Names of Officers, Owners, or Partners

President	Vice President	Secretary
Affiliates: (Name, locations, and nature of affiliation)		
<i>Persons authorized to sign purchase orders and contracts in your name</i>		
Name	Official Capacity	
Name	Official Capacity	

Bank Reference

Bank Name	Account Number	Contact		
Address	City	State	Zip	Phone Number

Trade Credit References

Company Name			Contact		
Address		City	State	Zip	
Phone Number		Fax Number			
Company Name			Contact		
Address		City	State	Zip	
Phone Number		Fax Number			
Company Name			Contact		
Address		City	State	Zip	
Phone Number		Fax Number:			
Credit Limit Desired:	<input type="checkbox"/> 500	<input type="checkbox"/> 1,000	<input type="checkbox"/> 5,000	<input type="checkbox"/> 10,000	Other:(please specify)

The above information is true and correct to the best of my knowledge. I authorize the bank, financial institution, and/or the trade references listed above to release credit information to Midpoint Bearing. Payments to Midpoint Bearing will be made in accordance with the terms listed on the invoices of Midpoint Bearing.

Please Note: In some cases, Midpoint Bearing may ask for additional financial information or additional credit references before approval can be determined.

Authorized Signature / Title: _____ Date: _____

Please contact Midpoint Bearing Credit Dept. with any questions 909.395.0244 **Return application via FAX to 909.395.0514**