



## Customer Application

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

Getz Service Tech. Name: \_\_\_\_\_

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

Service Contact Name: \_\_\_\_\_

Service Contact Phone/Fax: \_\_\_\_\_

A/P Contact: \_\_\_\_\_

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

Bank Phone/Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Are your purchases tax exempt?    **Y**    **N**  
If yes, attach certificate from each state.

Telephone Number: \_\_\_\_\_

Are Purchase Order Numbers Issued? **Y**    **N**

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

How long have you been in business? \_\_\_\_\_

### Trade References (No Utilities or Credit Cards)

1.) Name: \_\_\_\_\_

2.) Name: \_\_\_\_\_

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

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

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

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

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

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

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

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

3.) Name: \_\_\_\_\_

4.) Name: \_\_\_\_\_

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

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

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

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

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

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

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

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

I understand & agree that payment terms are net 10 days. I also agree that legal fees incurred by Getz Fire Equipment to collect my unpaid debt are my financial responsibility & that legal venue will take place in Peoria, Illinois.

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

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

Signature: \_\_\_\_\_

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

**Please fax the completed form to Erica at (309) 673-8456**

Getz Fire Equipment Co.    PO Box 419    Peoria, IL 61651-0419    (309) 673-0761

*Protecting life and property is priority one.*