



Credit Application & Policy

333 Fayetteville Street, Ste 1490, Raleigh, NC 27601
Phone: 919-777-2826 | Email: Billing@cooper-equipment.com

Date: _____

Section 1: Business Information

Legal Business Name: _____
DBA (if applicable): _____
Billing Address: _____
City: _____ State: _____ ZIP: _____
Phone: _____ Email: _____
Federal Tax ID (EIN): _____
Type of Business: Corporation LLC Partnership Sole Proprietor
Years in Business: _____ Number of Employees: _____

Section 2: Bank & Trade References

Bank Name: _____
Account #: _____
Contact: _____
Phone: _____

Trade References (minimum of 3):

1. Company: _____	Contact: _____	Phone: _____
2. Company: _____	Contact: _____	Phone: _____
3. Company: _____	Contact: _____	Phone: _____

Section 3: Authorized Representative

Name: _____
Title: _____
Signature: _____ Date: _____



Section 4: Personal Guaranty (Required for New or Small Businesses)

In consideration of Cooper Equipment extending credit to the above-named applicant, the undersigned personally and unconditionally guarantees payment of all obligations owed to Cooper Equipment, including reasonable attorney's fees and collection costs. This guaranty shall be continuing, absolute, and unconditional.

Guarantor Name: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

SSN (last 4): _____ Phone: _____

Signature: _____ Date: _____