

Gardner Denver, Inc.
Credit Application

Company Name: _____ Phone: _____

Street: _____ Fax: _____

City: _____ State: _____ Zip: _____

A/P Contact: _____ A/P E-mail: _____

A/P Fax: _____ A/P Phone: _____

D.U.N.S. #: _____ Invoicing Preference: _____

Fax: _____

-or-

E-mail: _____

Business Type:

___ Corporation ___ LLC ___ Sole Proprietorship ___ Partnership ___ S-Corporation

___ Other (please explain) _____

Are you associated with a Parent Company: Y / N Parent Company Name: _____

Parent Company Address: _____ City: _____ State: _____ Zip: _____

Is Your Company Tax Exempt: Y / N ***If Yes, Please Provide a Copy of Each Applicable States Certificate***

Estimated Total Monthly Requirements: \$ _____

*****If Monthly Requirements Are Expected To Be Greater Than \$50,000.00, Your Most Current Audited Financial Statements Must Accompany This Application*****

Bank Reference

Name: _____ Address: _____ Phone: _____ Fax: _____

Trade References

Name: _____ Address: _____ Phone: _____ Fax: _____

Name: _____ Address: _____ Phone: _____ Fax: _____

Name: _____ Address: _____ Phone: _____ Fax: _____

Note: Past Due Account Balances Are Subject To An 18% Per Annum Service Charge

Signature: _____ Date: _____

(Authorized Officer of Company)

Title: _____

Return the Completed Application to Fax (217) 228-8267, Attention: Credit & Collections.