



Credit account application

Please fill out the information below
to establish an ESI credit account

* CUSTOMER NAME: _____
COMPANY ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
SHIPPING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
COMPANY PHONE: _____ COMPANY FAX: _____
A/P NAME: _____ A/P EMAIL: _____
ORDER ACK. EMAIL: _____ PRIMARY FURNITURE MFGR: _____
DATE BUSINESS EST: _____ ESI REP GROUP/REP NAME: _____
BUYING GROUP: _____ MEMBER #: _____

Existing reference list may be submitted in lieu of completing the following information.

Signature must appear on this form below to be processed.

CREDIT REFERENCE #1

COMPANY NAME: _____
COMPANY ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
CONTACT NAME: _____ CONTACT PHONE: _____
ACCOUNT #: _____ CONTACT EMAIL: _____

CREDIT REFERENCE #2

COMPANY NAME: _____
COMPANY ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
CONTACT NAME: _____ CONTACT PHONE: _____
ACCOUNT #: _____ CONTACT EMAIL: _____

CREDIT REFERENCE #3

COMPANY NAME: _____
COMPANY ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
CONTACT NAME: _____ CONTACT PHONE: _____
ACCOUNT #: _____ CONTACT EMAIL: _____

We warrant the information provided to be true. I, an Authorized Officer, grant permission to investigate the references, including commercial and consumer credit checks. I agree to pay ESI Ergonomic Solutions, within the terms of sale (net 30 days) and understand that a service charge will apply to all returned checks. If the account is placed with an attorney or collection agency, we agree to pay all costs and legal fees, including a reasonable attorney's fee on the principal and service charges.

* SIGNED: _____ DATE: _____

* Highlighted area indicates required sections. | Please email forms to: info@esiergo.com