



ergonomic  
solutions

Workplace comfort. **Simplified.**

## CREDIT ACCOUNT APPLICATION

Please fill out the information below to establish an ESI Credit Account.

DEALER 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: \_\_\_\_\_

DATE BUSINESS EST: \_\_\_\_\_ ESI REP GROUP/REP NAME: \_\_\_\_\_

### 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: \_\_\_\_\_

Please email forms to: [info@esiergo.com](mailto:info@esiergo.com)