



EKKO Material Handling Equipment Mfg., Inc.
 1761 W. Holt Ave. Pomona, CA 91768
 T: (877) 232-6517 F: (909) 222-6861
 accounting@ekkolifts.com www.ekkolifts.com

DEALER AND CREDIT APPLICATION FORM

Company Legal Name							
Mailing Address							
City					State		Zip
Shipping Address							
City					State		Zip
Phone #		Fax #		Email			
Accounting Email							
Type of Business <i>(Please mark with an X)</i>							
Corporation/State		Partnership		Individual		Dun & Bradstreet #	
Business License #		Fed Tax Id #		Resale #			
Date Business Started		Years in Business		Number of Employees			

BANK REFERENCE

Bank Name					Account #				
Mailing Address									
City					State		Zip		
Shipping Address									
City					State		Zip		
Tel #				Fax #					
Credit Card #				Exp Date		VS		MC	A/E

TRADE REFERENCES

1)

Company Name				Contact			Email			
Current Terms		Credit Limit		Tel#			Fax#			



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2)

Company Name		Contact		Email	
Current Terms		Credit Limit		Tel#	
				Fax#	

3)

Company Name		Contact		Email	
Current Terms		Credit Limit		Tel#	
				Fax#	

BLANK CERTIFICATE OF RESALE

Buyer's Permit #					
Certificate #					
Firm					
Address					
City				State	Zip
Phone		Fax		Email	

The Undersigned Certifies that the following material handling equipment purchased from EKKO Material Handling Equipment MFG. Inc., - After the following date is purchased for the Following Purpose:

	RESALE AS A TANGIBLE PERSONAL PROPERTY
	TO BE INCORPORATED AS A MATERIAL OR PART OF OTHER TANGIBLE PROPERTY TO BE PRODUCED FOR SALE BY MANUFACTURING, ASSEMBLING, PROCESSING OR REFINING.
	TO BE EXPORTED FOR SALE, USE, OR CONSUMPTION OUTSIDE THE CONTINENTAL LIMITS OF THE U.S.A.
	TO BE SOLD OUTSIDE SELLER'S STATE
	OTHER(PLEASE LIST):

THIS CERTIFICATE SHALL BE CONSIDERED A PART OF EACH ORDER WHICH WE SHALL HEREINAFTER PLACE PROVIDED SUCH ORDER CONTAINS OUR CERTIFICATE NUMBER. THIS IS TO CONTINUE IN FORCE UNTIL REVOKED IN WRITING.



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BANK AUTHORIZATION FORM

Bank Name							
Account #							
Street Address							
City					State		Zip
Phone				Fax			
Contact Officer				Title			

TO BE SIGNED BY OFFICE OR OWNER

I hereby authorize my financial institution / bank to provide any necessary credit and account history information requested by EKKO Material Handling Equipment Mfg., Inc. to expedite the process of establishing an account. Our firm is financially able to meet any commitments we have made, and we guarantee payment of invoice additionally, I agree to notify the creditor of all changes in ownership and or transfer of assets.

Signature				Title			Date	
Print Name								

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