



Billing Address
PO Box B
High Point, NC 27260

Remit to:
Terri Harris
355 Business Park Drive
Winston-Salem, NC 27107

1-800-849-5438
336-397-5051
(fax) 336-397-5151
AR@actforklift.com

CREDIT INFORMATION

Legal Name for Billing: _____ Street/ or PO Box #: _____

City: _____ State: _____ Zip: _____ County: _____

A/P Contact: _____ Federal Tax ID #: _____

Taxable, Exempt, or Resale: _____ (If Exempt or resale, you must provide proper documentation)

Business Ownership: Proprietorship Partnership Corporation
Is Above Company A Division A Subsidiary

Parent Company

Legal Name for Billing: _____ Street/ or PO Box #: _____

City: _____ State: _____ Zip: _____ County: _____

A/P Contact: _____ Federal Tax ID #: _____

Commercial References (Give Complete names, addresses, phone, fax, and contacts)

Company Name: _____

Mailing Address: _____

City, State, ZIP: _____

Phone/Fax: _____

Contact: _____

continued on next page



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Company Name: _____

Mailing Address: _____

City, State, ZIP: _____

Phone/Fax: _____

Contact: _____

Company Name: _____

Mailing Address: _____

City, State, ZIP: _____

Phone/Fax: _____

Contact: _____

Bank Reference

Name: _____ Checking Account #: _____

Phone Number: _____ Contact: _____

The timely processing of your Credit Application is contingent on the completion of this form in its entirety and the prompt receipt of your information provided to ACT from your bank and trade references