



FILTER EQUIPMENT CO., INC.

1440 Highway 34
Wall, New Jersey 07753
Phone: (732) 938-7440
Fax: (732) 938-3312
sales@filter-equipment.com

Filter Equipment Company would like to welcome you as a new customer. Celebrating 40 years of business we hope that you will be satisfied with our line of products and services and will keep us in mind for all your filtration needs. To view our entire line, please visit us at www.filter-equipment.com.

Our business future depends upon the satisfaction of customers like you. It is our daily mission to provide you with the fastest most efficient and reliable service in the industry.

In order to serve you better we ask that you take a moment to complete the bottom portion of this form and return it to us as soon as possible.

Thank you for helping to improve our customer service. As always, if you have any questions please feel free to call: (732)938-7440 or E-mail: sales@filter-equipment.com.

Best Regards,

Scott Groh
Vice President Sales

Our preferred method is emailing our invoices to you. Please check the appropriate box.

- Yes we would like our invoices emailed to _____
- No we would prefer that you fax our invoices to _____ Attn: _____
- No we would prefer that you mail our invoices to the address below.

We also offer tracking via email the day after your material is shipped. Please check the appropriate box.

- Yes send emails to _____
- Yes send emails to each buyer listed on our purchase orders
- No we do not want to participate

Please supply us with your accounts payable contact.

Name: _____
Telephone # _____
Fax# _____
Email _____



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[E-mail: beth@filter-equipment.com](mailto:beth@filter-equipment.com)

BANK AUTHORIZATION

Many Banks require written authorization from customers before releasing any credit information. Below is an authorization form provided for your convenience. Please have an authorized person sign this release and return as soon as possible. This will prevent delays that may occur while doing your credit check.

Thank you.

Beth Anne Witkowski
732-938-7440
732-938-3312 Fax

Date

Name of Bank

Account Number

To Whom It May Concern:

_____ is requesting open credit terms with Filter Equipment Co., Inc.
(Name on account)

We have listed you as our bank reference. Please accept this signed form as authorization to release credit information. We understand that the Bank may charge a nominal fee for this service and said charge may be debited to our account. **(In Bank of America's case this nominal fee is passed on to the requestor. Therefore I will be invoiced by Filter Equipment and by signing this authorization I agree to reimburse Filter Equipment the said nominal fee.)**

Signature

Printed Name and Title

Filter Equipment Co., Inc.
CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Title:

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

State:

ZIP Code:

How long at current address?

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account:

Account number:

DUNS#

TAX ID#

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Filter Equipment Co., Inc. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:
Date:

Title:
Date: