



Zilmet USA Application form for new customers

Legal Company name:_____

Billing Address:

Business phone #_____

Business fax #_____

Company website

Preferred method of receiving invoices? Mail, fax, email?

Accounts payable contact information

Purchaser contact information

Name:_____

Name:_____

Email: _____

Please provide the following information with this credit application:

G.S.T / Federal Tax ID # (Please provide copy):_____

Tax Exempt (Please provide copy):_____

Officers:

Name:_____

Phone:_____

Title:_____

Email: _____



Credit References (extending comparable purchases)
(minimum of 3):

Company name_____

Company name_____

Company name_____

Bank References:

(Please list all active accounts)

Bank name:_____

Bank name:_____



Release of Account Information:

The undersigned declares that the information provided above is accurate. The undersigned agrees that for the purpose of opening an account, Zilmet USA may obtain a credit statement from all present suppliers, from the financial institution of the undersigned and recognized credit agencies. Zilmet USA agrees to ensure that this information remains confidential and that it will be used only to validate the client's capacity to pay and payment history.

Applicant's company name:_____

Authorized By:_____

Print Name:_____

Title:_____

Date:_____

Thank you,

Zilmet USA
Accounts Receivable Department
Office: 843-983-1000

Please email credit application to info@zilmetusa.com
or fax it to (401) 287-4951