

# TURNER HYDRAULICS, INC.

## Credit Application

1605 INDUSTRIAL DRIVE, P. O. BOX 728, CARLISLE. PA 17013

**717-243-3329**

**1-800-222-2543**

**FAX 717-243-8865**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Accounts Payable E-Mail:  
\_\_\_\_\_

Social Security # \_\_\_\_\_ Or Federal ID# \_\_\_\_\_

Directors / Proprietors: \_\_\_\_\_

### Bank Reference

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_

Contact E-Mail: \_\_\_\_\_

Credit References

PLEASE PROVIDE E-MAIL ADDRESSES AND FAX NUMBERS FOR ALL REFERENCES

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_

Contact E-Mail Address: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_

Contact E-Mail Address: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_

Contact E-Mail Address: \_\_\_\_\_

Person Completing Application: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Please E-Mail completed form to: [billing@turnerhydraulics.com](mailto:billing@turnerhydraulics.com) or fax to 717-243-8865