CLARK Material Handling Company
700 Enterprise Dr., Lexington, KY 40510
Toll Free: (866) 252-5275 **Tel:** (859)422-6400
www.clarkmhc.com

BUSINESS INFORMATION

Date_____

Legal Business Name:_____Phone _____

Billing Address:_____ City, State, Zip:_____
Shipping Address:_____ City, State, Zip:_____

Type of Business: Corporation: _____ Partnership:_____ Proprietorship:_____ Other: _____

Years in Business:_____Status of Practice/Business: New: _____ Established: _____

Owner/Principal Name:_____ Email:_____
Tax Identification Number:_____ DUNS Number:_____
State or Country of Organization: _____ Nature of Business: _____
Do any unsatisfied judgments exist? Yes____ No ____ If yes, please explain:_____

_____

Have you ever filed Bankruptcy? Yes ____ No _____ If yes, please explain:_____

_____

Taxable ☐ Non-Taxable ☐ Must attach Exemption or Resale Certificate
Are Purchase Orders required? _____
Accounting Contact Name:_____ Phone: _____
Email Address: _____
Email Address for Invoices: (2 only)_____

In the event under its sole discretion, CLARK extends terms to you, the following will apply: (1) Payment is jointly, severally and unconditionally guaranteed within 30 days of date of delivery; (2) any charges unpaid after the above 30 days are to be increased by 1½% per month; (3) any charges still outstanding after 90 days from date of delivery are subject to collection, and all collection or arbitration expenses, attorney's fees, and court costs will be borne by the purchaser; (4) title to all work shall remain with the creditor until all invoices and additional charges have been paid in full; (5) all claims, requests for adjustments, or notification of errors must be made within thirty days, or charges are considered accepted; (6) this agreement shall apply to all current and future charges unless revocation is received by registered mail; (7) credit privileges may be withdrawn at any time without invalidating the terms of this agreement.

_____

"I or we understand that you may request credit reports and/or other information from credit reporting agencies, credit bureaus, private credit reporting associations, banks or trade references, and I/we hereby consent to any and all such disclosures."

_____ _____
Authorized Signature Date Title

Office Use Only

Date _____ AR#_____ Parts Code # _____ Salesperson Region _____

Form AR-1