



Thank you for considering Bartlett Bearing Company, Inc. as a new supplier. Upon completing your application for credit, please be sure to reference the check list below to confirm that you have acknowledged and provided all information necessary to move forward with establishing your account with Bartlett Bearing Company:

- ☐ Completed all contact information
- ☐ Answered questions about your company's business type and why Bartlett
- ☐ Completed all bank information
- ☐ Provided four (4) company credit references
- ☐ Acknowledged Net 30 day terms, 1-1/2% late charge per month and \$35.00 check return
- ☐ Included tax exempt number and form if applicable
- ☐ Signed, dated and added your position within your company

Once this credit application has been completed and returned to us, we will have an answer regarding your status within 72 hours. If you have any questions regarding this application please do not hesitate to call.

Sincerely,

Megan McDevitt
Sales Administrator
Bartlett Bearing Company, Inc.
10901 Decatur Road
Philadelphia, PA 19154
Phone: 215-743-8963, Ext. 3311
Fax: 215-744-1980
Email: megan.mcdevitt@bartlettbearing.com



10901 DECATUR ROAD
PHILADELPHIA, PA 19154
TEL # 215-743-8963 FAX # 215-744-1980

Please fill out the following information for our records. We will contact you after completion of our credit check. Please allow three to five business days to complete this credit check. Please be advised that we use Dun and Bradstreet as part of our credit investigation.

COMPANY NAME							
STREET							
CITY		COUNTY		STATE		ZIP	
TELEPHONE			FAX				
CONTACT			EMAIL				
POSITION							
Your company's type of business							
How did you come to choose Bartlett Bearing? _____							

The information below must be filled out **COMPLETELY** in order for your application to be processed.

COMPANY BANK	
ACCOUNT #	
NAME of YOUR BANK OFFICER	
BANK TELEPHONE NUMBER	

COMPANY CREDIT REFERENCES: WE REQUIRE FOUR CREDIT REFERENCES. Please fill out information **COMPLETELY**. **CREDIT CHECKS ARE DONE BY FAX ONLY. PLEASE INCLUDE FAX NUMBERS ONLY!!!!**

1. NAME			
STREET			
CITY		ZIP	
FAX			

COMPANY CREDIT REFERENCES (continued)

2. NAME

STREET

CITY

STATE

ZIP

FAX

3. NAME

STREET

CITY

STATE

ZIP

FAX

4. NAME

STREET

CITY

STATE

ZIP

FAX

BILLING INFORMATION:

1. Does your company require purchase orders?

If so, does your company require separate invoices for each purchase order?

2. Does your company have a separate shipping address? If so, please indicate below:

Thank you for considering Bartlett Bearing Company, Inc. as a new supplier. Our normal terms are Net 30 days with late charges assessed at 1-1/2 % per month. Returned checks will be charged additional at \$35.00 per return.

*****WE REQUIRE A FEDERAL TAX EXEMPT NUMBER AND FORM, PLEASE
SUPPLY NUMBER AND COPY UPON SUBMITTING YOUR APPLICATION*****

TAX EXEMPT #

Your signature: _____ Date: _____

Position: _____

Please fax back to attention:

Megan McDevitt, Sales Administrator