

# Credit Application

## OMEGA ALPHA EQUINE

1327 Pearl Street, Waukesha, WI 53186

Phone: 262-522-7480 / 1-877-436-1221 Fax: 262-522-7481

Email: eOrders@OmegaAlpha.us



**Please complete the following information.**

Business Name		
Mailing Address		Telephone Number
City	State	Zip Code
E-mail Address		Fax Number
Shipping Address		State Tax Number
Accounts Payable Contact:		
City	State	Zip Code
Website Address		
Would you like your company to be listed on the Omega Alpha USA Website? <input type="radio"/> Yes <input type="radio"/> No		
*Please Note: A copy of an Exemption Certificate for Sales Tax is required to make Tax Free purchases		

<b>Credit Card Information</b>		<input type="radio"/> Visa	<input type="radio"/> Mastercard
Name on Credit Card			
Credit Card Number		Expiration Date / Validation Number	
Billing Address of card, City		State	Zip Code

**Full Name of Owner(s) or an Authorized Corporate Officer - List home address and Zip Code**

Last Name	First Name	Address	Title
Type of Business (Please Choose one)		<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	Spouse's Name (Individual only)
Date Started		Building: Own / Lease	
Mortgage Holder / Landlord		Telephone	
Address of Landlord / Mortgage Holder			

**Bank Reference**

Name of Bank		Account Number	
Bank Address: City	State	Zip Code	Telephone Number

**Trade Reference - If terms are preferred after first prepaid order, please complete this section.**

Name		Telephone
Address		Fax
Name		Telephone
Address		Fax
Name		Telephone
Address		Fax

Signature of Officer / Principal		Title	Date
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