

# Taper Roller Bearings Business Credit and Supplier Application

## Name/Address

Last:	First:	Middle Initial:	Title
Name of Business:			Tax I.D. Number
Address:			
City:	State:	ZIP:	Phone:

## Company Information

Type of Business:	In Business Since:		
Legal Form Under Which Business Operates:			
Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Proprietorship <input type="checkbox"/>	
If Division/Subsidiary, Name of Parent Company:		In Business Since:	
Name of Company Principal Responsible for Business Transactions:		Title:	
Address:	City:	State:	ZIP: Phone:
Name of Company Principal Responsible for Business Transactions:		Title:	
Address:	City:	State:	ZIP: Phone:

## Bank References

Institution Name:	Institution Name:	Institution Name:
Checking Account #:	Savings Account #:	Contact:
Address:	Address:	Address:
Phone:	Phone:	Phone:

## Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

**RESALE CERTICATES NEED TO BE ON FILE IN OUR OFFICE PRIOR TO YOUR FIRST ORDER BEING PROCESSED. CERTIFICATES MAY BE FAXED TO (859) 422-3339 OR SENDT VIA E-MAIL TO [melissa@taper.com](mailto:melissa@taper.com)**

## Quality Information

Type of Supplier / Vendor	Manufacturer	Distributor
	Service Company	Calibration Lab
	Product Details:	

Do you have a Quality Management System? If so, Please specify your Quality Manager and details regarding compliance and/or certification.	
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If a quality management system is not maintained, please answer the following questions

	Yes	No
Do you plan to pursue certification or compliance with a Quality Management System?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, please explain as much as possible:		
Does your organization have a Quality Manual?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have documented procedures that ensure the quality of products or services?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have documented procedures that ensure that <i>all</i> order requirements are reviewed and approved before an order is accepted?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have documented procedures that ensure that all requirements are clearly communicated to employees responsible for the realization of a product or service?	<input type="checkbox"/>	<input type="checkbox"/>
Can you verify, via record, the calibration status of equipment necessary to verify all order requirements?	<input type="checkbox"/>	<input type="checkbox"/>
Do personnel performing activities that affect the quality of your product or service have adequate training? Are records available to evince such training?	<input type="checkbox"/>	<input type="checkbox"/>
Additional comments:		

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. I hereby to accept all terms and conditions of Taper Rollers Bearings, including but not limited to, payment within 30 days.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**Fax Completed form to 859-422-3339 or email to [melissa@taper.com](mailto:melissa@taper.com)**

<b>TRB Use Only:</b>  <b>Decision:</b>
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