

Credit and Insurance Application for Bench Solution, Inc.

Date: _____

Company Name: _____ DBA: _____

Contact Name: _____ Billing Address: _____

City: _____ State _____ Zip _____

Telephone Number: _____ Fax Number: _____

E-Mail Address: _____

Nature of your business: _____ Reseller# _____

Company is a: _____ Corporation _____ Partnership _____ Sole Proprietor
_____ Subsidiary or division of _____

List owner or principal officers of corporation/company:

Name/s: _____

Bank Information: _____

Account Number: _____ Phone Number: _____ Fax Number: _____

Account Manager: _____

Credit References:

Company: _____ Contact _____

Address: _____

City: _____ State _____ Zip _____

Company: _____ Contact _____

Address: _____

City: _____ State _____ Zip _____

Note to all contractors/installers: Bench Solution, Inc. requires all contractors/installers to add Bench Solution, Inc. to their General Liability Policy as an Additional Insured on a **primary basis**. Min. Limit is 1,000,000 ea. occurrence. Forward a copy of your companies:

- 1. Certificate of Insurance from installer
- 2. General Liability Additional insured endorsement evidencing our coverage as **required** above.
- 3. This completed form with copy of State Reseller Number to Bench Solution, Inc. (Fax#: **(319) 730-0344**)

I hereby authorize Bench Solution, Inc. to request credit information from the above listed credit and banking references only for the purpose of establishing open account and authorize the above listed references to release credit and financial information to Bench Solution, Inc.

Signature

Date