

THE WOODWARD CO.

9 Burdick Drive Albany, NY 12205 518-458-1141 518-458-7650 FAX

WOODWARDCO@YAHOO.COM

CREDIT APPLICATION

Company Name:	
Bill to:	Ship to:
Names/Titles of Officers (and/or) Princi	ipals
Purchase Contact:Credit Contact:	
Email address:	Email address:
current NYS exemption form submitted proof of exemption – we must receive a	YES / NO If you are exempt, we can only exclude sales tax based on d by you. The Certificate of Authority from NYS is not an acceptable NYS Sales Tax Exemption form appropriate to the sale.
How would you like to receive invoices	?
Email:	(please give email address to be sent to)
Fax:	(please give fax # to be sent to)
Mail: (we will use above	ve address)
Monthly statements are sent only on req	uest. This is OK / No, I need monthly statements
	se with a current, open account for you. Most trade references are done ded space for the reference company name and a fax number for that
1. Name:	Fax:
 Name: Name: 	Fax: Fax:
My signature below authorizes The Wo	oodward Co. to solicit my credit history from the references indicated indered within the terms outlined on the invoice submitted.
Signature / Title	