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Gambas Workstation Brackets Business Credit Application

Contact Information

Last:	First:	Middle Initial:	Title:
Name of Business:			Tax I.D. Number:
Address:			Fax:
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: Fax:
Name of Company Principal Responsible for Business Transactions:	Title:
Address:	City: State: Zip: Phone: Fax:

Bank References

Institution Name:
Contact Name:
Phone:

Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Phone:	Phone:	Phone:
Fax:	Fax:	Fax:

Sales Tax Exemption

Are you exempt from sales tax? Yes No If yes, please enclose PA Exemption Certificate or Equivalent.

Signature

Date