

Credit approval may take 2-3 weeks. If you would like to pay by credit card to expedite your first order, please complete the credit card authorization form.

Berk International Sales Rep _____

CUSTOMER INFORMATION

Please complete the following application in its entirety to establish credit with Berk International. Upon receipt we will immediately begin our credit application process. We will notify you when credit is approved and inform you of your credit limit and payment terms. **Please note that orders will not be processed until credit is approved.**

Requested Credit Limit: _____ Today's Date: _____

Company Name _____ Year Established _____

Billing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____ Company Website _____

Federal ID No _____ DNB No _____

Are you tax-exempt? _____ *(If yes, tax-exempt certificate must be attached)*

Purchasing Contact _____ Email _____

Phone _____ Fax _____

AP Contact _____ Email _____

Phone _____ Fax _____

Shipping & Receiving Hours _____ Lift Gate Required? _____

Delivery Appointment Required? _____

If yes, contact name and phone _____

Other Special Instructions

Person Completing Application _____ Title _____

Signature _____ Date _____

Return completed forms via fax or email

Fax: (610) 369-0840 Email: AR@berkwiper.net

Once payment history is established Berk International reserves the right to evaluate credit limit and payment terms. Accounts over the approved credit limit and/or accounts with overdue invoices are subject to credit hold.

TRADE REFERENCES

If you have a preprinted form with this information, you do not need to fill out this page. Please insert your preprinted form here.

SUPPLIERS

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Contact _____

Email _____

Items Purchased _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Contact _____

Email _____

Items Purchased _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Contact _____

Email _____

Items Purchased _____

BANK REFERENCE FORM

Bank Name _____

City _____ State _____

Contact _____ Email _____

Phone _____ Fax _____

Dear Bank Officer,

We are authorizing the bank to release information about our accounts outstanding, credit line, and payments history to Berk International, to be used explicitly for the establishment of an open account. This information is to be kept in the strictest of confidence.

Account Holder Name _____

Account Number _____ Account Type _____

Authorized Signature _____

Print Name _____

Title _____ Date _____

Dear Sir/Madam,

The above customer is applying for credit with us and has given your bank as a reference. We would appreciate if you would provide us with the information requested below. Should you have any questions, please call (610) 369-0600 or email lkemmerer@berkwiper.net. We assure you that this information will be kept confidential. Your immediate reply is appreciated.

Date Account Opened _____ Average Daily Balance _____

Returned Checks (12 Month History) _____ Date of Last Returned Check _____

Line of Credit (if any) _____ Secured _____ Limit _____

Balance _____ Payment Habits _____

Return completed form via email or fax to

Berk International
Attention: Credit Department
Email: ar@berkwiper.net Fax: (610) 369-0840



Customer Credit Application

Credit approval may take 2-3 weeks. If you would like to pay by credit card to expedite your first order, please complete the credit card authorization form.

CREDIT CARD AUTHORIZATION (Visa & MasterCard Only)

Complete this form to pay by credit card and expedite your first order. A 3% service charge will be added to all credit card payments.

Cardholder Name _____

Billing Address _____

City _____ State _____ Zip _____

Credit Card Type _____ Expiration Date (MM/YYYY) _____ / _____

Credit Card Number _____ - _____ - _____ Security Code _____

Authorized Signature _____ Date _____

Email Receipt To _____

To Be Completed By Berk International

Sales Order No _____ Order Date _____ Order Total _____

Purchase Order No _____ Payment Date _____

IMPORTANT CONTACTS AT BERK INTERNATIONAL

For sales assistance please contact your salesperson directly or for immediate assistance our *Sales Manager*.

Eileen Hupp

Phone: (610) 369-0600, ext. 31

Fax: (610) 369-0676

Email: ehupp@berkwiper.net

To check the status of your order or request a proof of delivery please contact *Customer Support*.

Maddie Corrado

Phone: (610) 369-0600, ext. 13

Fax: (610) 369-0676

Email: mcorrado@berkwiper.net

All questions or concerns regarding payments and invoices should be directed to our *Accounts Receivable Department*.

Lisa Kemmerer

Phone: (610) 369-0600, ext. 35

Fax: (610) 369-0676

Email: lkemmerer@berkwiper.net

To place an order or update an existing order please contact our *Order Entry Department*.

Alice Caudill

Phone: (610) 369-0600, ext. 29

Fax: (610) 369-0840

Email: orders@berkwiper.net

PAYMENTS TO BERK INTERNATIONAL

United States Postal Service and courier payments (FedEx, UPS, etc.)

Berk International
400 East 2nd Street
Boyertown, PA 19512

Domestic Wires and ACH Payments

ABA: 231372691

Account: 1061107795

Bank: Santander Bank, N.A.
601 Penn Street
Reading, PA 19601

International Wires

SWIFT BIC: SVRNUS33

Account: 1061107795

Bank: Santander Bank, N.A.
601 Penn Street
Reading, PA 19601

*Email WIRE/ACH Remittance Advice to ar@berkwiper.net

VISA/MasterCard Payments

- Visa/MasterCard payments only
- Please contact our Accounts Receivable Department to pay by credit card
- A 3% service charge will be added to all credit card payments
- Invoices paid by credit card are not subject to payment terms discounts