



www.donaldson.com

Donaldson Company, Inc.
PO BOX 1299
Minneapolis, MN 55440-1299
Phone: 952-887-3131
Fax: 952-887-3155

Credit Applicant's Company Name (Full Legal Name) Comat/Italy,LLC	Doing Business As (If Applicable)
Parent Company (If Applicable) Comat /PCA SRL	Business Type (Corporation, Proprietor, etc) LLC
Billing Address 16 Strong pl#2 11231 Brooklyn NY	
Phone: 6466513614	Fax:
Email Address for Invoice Submittal comatservice.us@gmail.com	Email Address for A/P Inquiry
Date business started: 2004	State of Incorporation: NY
Years at current location: 2004	Type of Business (Manufacturer, Distributor, etc) Manufacturer
Buildings: Owned <input checked="" type="radio"/> / Leased <input type="radio"/> (select one)	
Has this business ever filed bankruptcy? Y <input checked="" type="radio"/> N <input type="radio"/>	Number of Employees: 6
If yes when? What Chapter?	Tax ID: 86-1118093
Are your purchases Taxable? Y <input checked="" type="radio"/> N <input type="radio"/>	DUNS Number:
If tax exempt, credit application and orders will NOT be processed without submission of a valid sales tax exemption certificate	
Expected first purchase amount: 7,000	Expected annual purchases: 35,000
Principals, Name, Title	
1) Felice Berna CEO	
2)	
Commercial Trade References (list 3 or attach)	
Company Name, Phone, and Fax	
1) Comat/PCA srl www.comatonline.com	
2) Uncle giuseppe's Market Place NY	
3) Maple Brook Farm VT	
Commercial Bank Reference	
Bank Name, Contact Name, Phone, Fax, and Account Number	
1) chase bank acc# 826717719 Ayanna Avant/Bank Manager 347-450-9430	
*** Orders in excess of \$50,000 or if the financial condition of the Purchaser warrants, Donaldson Company Inc may require additional financial information. ***	
Donaldson Company Inc (DCI) Terms & Conditions of Sale, on the reverse side here of, shall be applicable to all sales irrespective of receipt of contrary or additional terms, unless DCI expressly agrees otherwise in writing and said writing is signed by an authorized DCI representative. Signer hereby agrees to pay according to terms noted on DCI invoices.	
Company Name Comat/Italy,LLC	
Authorized Signature	
Please Print Name and Title Felice Berna	
Date 07-17-2023	
Signer authorizes DCI to check the Applicant's credit and bank references, and authorizes the release of information requested, to DCI.	