

CELEBRATING



YEARS

**CREDIT APPLICATION**

Company Name: \_\_\_\_\_ Date \_\_\_\_\_

Type of Business \_\_\_\_\_ Commencement Date \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip code \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Ship To Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

**ACCOUNTS PAYABLE FAX #or EMAIL ADDRESS** \_\_\_\_\_

Purchasing Agent \_\_\_\_\_ Phone # \_\_\_\_\_

**EMAIL** for order shipment confirmation \_\_\_\_\_ Sales Tax Number \_\_\_\_\_  
(mail certificate along with application)

**Partners or Corporate Officers**

1. Name \_\_\_\_\_ Title \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name \_\_\_\_\_ Title \_\_\_\_\_ Phone # \_\_\_\_\_

**Bank References**

Bank Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Account Number \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

**Trade References (Please include fax numbers)**

1. Company \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

2. Company \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

3. Company \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

4. Company \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Salesman that came to see you \_\_\_\_\_

My signature below certifies that the above information is true. This information is to be used only for the purpose of establishing/updating credit information. I further agree to adhere to payment terms as shown on invoice billings. If payment terms are not met, I understand I may be subject to pay any collection/legal fees incurred to collect any monies owed.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Fax application to: #516-486-3927 attn: Holly Cimorelli**