

Please return via fax (856-727-4114), Attn: Accounting

Credit Application

BUSINESS CONTACT INFORMATION

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

Zip code:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

Accounts payable contact:

Owner:

BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

State:

Zip code:

How long at current address?

Phone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

Zip code:

Type of account

Account number

Savings

Checking

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

Zip code:

Phone:

Fax:

E-mail:

Account number:

Company name:

Address:

City:

State:

Zip code:

Phone:

Fax:

E-mail:

Account number:

Company name:

Address:

City:

State:

Zip code:

Phone:

Fax:

E-mail:

Account number:

ADDITIONAL INFORMATION AND AGREEMENT

1. The undersigned authorizes credit inquiries. The above noted corporation, company, individual or individuals further acknowledge that any credit privileges may be withdrawn at any time. I certify the above information to be true and accurate. I agree to pay for merchandise purchased within terms or payment agreed upon (in no case to exceed 30 days) and to meet all terms and conditions listed on our invoices.

2. State tax exempt number, if applicable, please fax along with application.

3. Please return via fax (856-727-4114), Attn:
Accounting

SIGNATURE

Signature:

Title:

Print name:

Date:

Email address:

(Must submit or form will be rejected)