

CONFIDENTIAL CREDIT APPLICATION

PLEASE ATTACH RE-SALE CERTIFICATE
MUST BE COMPLETED IN FULL
FAX BACK ATTENTION: CREDIT DEPARTMENT 631-924-8600

Name of Company: _____
Billing Address: _____
City: _____ State: _____ Zip: _____ County: _____
Phone: _____ Fax: _____
Website: _____ E-mail: _____
List ship-tos on a separate sheet

Business Type

Sole Proprietorship Partnership Corporation-State of _____
Number of Years in Business: _____ Dunn & Bradstreet No: _____

Corporate Officers

Name: _____ Title: _____ Phone: _____
Name: _____ Title: _____ Phone: _____

Accounts Payable Point of Contact

Name: _____ Phone: _____ E-Mail: _____

Trade References

Company Name: _____ Contact: _____
Address: _____ City, State, Zip: _____
Phone: _____ Fax: _____

Company Name: _____ Contact: _____
Address: _____ City, State, Zip: _____
Phone: _____ Fax: _____

Company Name: _____ Contact: _____
Address: _____ City, State, Zip: _____
Phone: _____ Fax: _____

Bank Reference

Bank Name: _____ Contact: _____
Address: _____ City, State, Zip: _____
Phone: _____ Fax: _____

Signature: _____
Title: _____
Date: _____

The above information is herewith submitted for the purpose of opening an account and I do hereby certify this information to be correct.