



334 South Warminster Road Hatboro Pa. 19040 (phone) 215-734-1400 (Fax) 215-734-1423

Credit Application

Company Name _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

DBA Name _____ Company Web Address: _____

Type of Business:

Individual ____ Corp ____ LLC ____ Partnership ____ Years in Business ____ Fed ID # _____

State of Incorporation _____ Year Incorporated _____ D&B # _____

Principal Owner: _____ S/S: _____

Address: _____ City/St/Zip _____

A/P Contact _____ A/P Phone: _____

A/P Email Address: _____

BANK REFERENCE

Bank Name: _____

Address: _____ City/State/Zip: _____

Contact: _____ Phone: _____

TRADE REFERENCES (please list three (3) largest)

Company Name / Contact Person

1 _____

Phone/ Fax _____

2 _____

Phone/ Fax _____

3 _____

Phone/Fax _____

We certify that all the information provided is correct and true. We have read and understand your terms and conditions. In consideration of extension of credit to us, we agree to adhere to payment of invoices on Net 30 days according to the terms and conditions stated in the proposal and agreed upon by our Company. Interest charges of 18% per annum (1.5% per month) may accrue on all past due. All legal fees will be paid by the account should there be a need.

Signed: _____
Company Corporation Officer (verify accuracy/acceptability of terms)

Date: _____

Signed: _____
Personal Guarantor (liable for terms & penalties of contract)

Date: _____

Failure to fully complete this form may result in C.O.D. terms.