



CREDIT APPLICATION

Please fax to: 718-305-4416

COMPANY NAME _____ YEARS AT THIS ADDRESS _____
 ADDRESS _____ YEARS IN BUSINESS _____
 CITY _____ STATE _____ ZIP _____ TEL _____
 # OF EMPLOYEES _____ TOTAL SALES \$ _____ FAX _____

OWNERSHIP INFORMATION:

CORPORATION _____ PARTNERSHIP _____ INDIVIDUAL _____ TAX RESALE # _____

NAME(S) OF PRINCIPAL _____ ADDRESS _____

FINANCIAL INFORMATION:

BANK _____ ADDRESS _____

BANK OFFICER: _____ TEL _____

ACCOUNT # _____ FAX _____

TRADE REFERENCES: PLEASE INCLUDE FULL NAME, ADDRESS, PHONE # & ACCOUNT #

1. _____

2. _____

3. _____

INTERNAL USE ONLY:

CREDIT LIMIT _____ ACCOUNT NUMBER _____

APPROVED BY _____ SALESPERSON _____