



425 North Dauphin Street
Allentown, PA 18109-2199
Office: (610) 435-6746 Fax: (610) 437-7133

CREDIT APPLICATION

Company Name _____
Street Address _____ City/State _____ Zip _____
Telephone No. _____ Email/Fax No. _____
EIN: _____ Business Type: Corporation[] Partnership[] Sole Proprietorship[] Subsidiary[]
Date Founded ___/___/___ At Present Location Since ___/___/___
Owner(s) or Corporate Officer(s) _____

TRADE REFERENCES (must provide 5)

1. Name _____
Address _____ City _____ State _____ Zip _____
Phone: _____ Email/Fax _____
2. Name _____
Address _____ City _____ State _____ Zip _____
Phone: _____ Email/Fax _____
3. Name _____
Address _____ City _____ State _____ Zip _____
Phone: _____ Email/Fax _____
4. Name _____
Address _____ City _____ State _____ Zip _____
Phone: _____ Email/Fax _____
5. Name _____
Address _____ City _____ State _____ Zip _____
Phone: _____ Email/Fax _____

Accounts Payable Contact _____

Sales Tax Applicable [] Exempt [] Exemption No. _____
(If Sales Tax Exempt, a current exemption certificate must be on file)

TERMS AND CONDITIONS

Our terms are NET 30 DAYS from the date of invoice, a 2% per month service charge will be added to all past due balances. The applicant agrees to the terms and conditions of this application.

Print name _____ Title _____

Signature _____ Date ___/___/___

OFFICE USE ONLY

Date ___/___/___ Credit Limit _____ Approved By _____