



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) _____ Requested Credit Limit _____

TRADE REFERENCES

(Must provide 5. Incomplete fax/email information will cause application rejection)

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 name & email _____

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 _____