

1850 N. Gravers Road Plymouth Meeting, PA 19462

PH: 610-272-2100 Fax: 610-272-7072

Confidential Credit Application

Company Name:		Date:			
Bill-To Address:					
City:					
Phone:	Fax:	Em	nail:		
Ship-To Address:				_	
City:					
Phone:	Fax:	ax: Email:			
Company Information: O	ganization Structur	e: Corporation	_ Partnership	_ Individual	
A/P Contact:	Title:				
Business Start Date:	State	/Date Incorporate	d:		
How long has company o	perated at the abov	e address?			
What is the principal activ	ity of the business?				
Are you exempt from Sale	es Tax?	Certificate must	be attached.		
Bank Reference (checkin	g)				
Name:	ame:Acct #				
Address:					
	:Fax:				
Business References (wh	ere credit is now ex	tended)			
Name:		Title:			
Address:					
Email:		Fav:			

Name:	Title:	
Address:		
Email:	Fax:	
Name:	Title:	
Address:		
	Fax:	
	Owners, Principals, Partners, Officers, or D bankrupt, or made an assignment for the l	,
	en filed against Applicant, or any of its Owears?	•
Do you have a UPS acct # t	o be used for shipping? Acc	t#
What are your receiving hou	ırs?	
To what email address shou	ıld invoices be sent?	
Terms: 1% 10 Days; Net 3	0 Days. We understand your terms and a	agree to abide by them.
Signature:	Title:	Date: