

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:	E	mail:		
Ship-To Address:					
City:	S	tate:	Zip:		
Phone:	Fax:	E	mail:		
Company Information	: Organization Structure	e: Corporation_	Partnership	Individual	
A/P Contact:	Contact: Title:				
Business Start Date: _	State	:/Date Incorporat	ed:		
How long has compar	ny operated at the above	e address?			
What is the principal a	activity of the business?				
Are you exempt from	Sales Tax?	Certificate mus	st be attached.		
Bank Reference (ched	cking)				
Name:		Acct #			
Address:					
Business References	(where credit is now ex	tended)			
Name:		Title:			
	Fax:				
Name:		Title:			

Address:		
	Fax:	
Name:	Title:	
Address:		
Phone:	Fax:	
bankruptcy, be	or any of its Owners, Principals, Partners, Officers, or Director een adjudged bankrupt, or made an assignment for the benefit	of creditors?
	or civil suit been filed against Applicant, or any of its Owners, in the last 6 years?	Principals, Partners, Officers or
Do you have a	a UPS acct # to be used for shipping? Acct #	
What are your	r receiving hours?	
How should in	nvoices be sent?	
	Email:	
	Fax:	
	US Postal Mail:	
Terms: 1% 1	0 Days; Net 30 Days. We understand your terms and agree t	o abide by them.
Signature:	Title:	Date: