

CREDIT APPLICATION FOR A BUSINESS ACCOUNT



BUSINESS CONTACT INFORMATION

Name | Title: _____

Date business commenced: _____

Company: _____

Phone | Fax: _____ | _____

Email: _____

Registered Company
Address: _____

City, State, ZIP Code: _____

Check one:

Sole proprietorship

Partnership

Corporation

Other

BUSINESS AND CREDIT INFORMATION

Bank Name: _____

Primary location address: _____

City, State, ZIP Code: _____

Phone | Fax: _____ | _____

Account number: _____

Account Type: Savings Checking Other

BUSINESS AND TRADE REFERENCES

Company name: _____

Address: _____

City, State, ZIP Code: _____

Type of account: _____

Company name: _____

Address: _____

City, State, ZIP Code: _____

Type of account: _____

Company name: _____

Address: _____

City, State, ZIP Code: _____

Type of account: _____

Purchasing contact name (print): _____

Accounts Payable contact name (print): _____

Tax I.D. number: _____

Tax exempt? YES NO If YES and a Pennsylvania company, attach/include Tax Exemption Certificate

Signed: _____ Date: _____

Print Full Name: _____