



Confidential Open Credit Application

Company Name _____

Contact _____ Phone _____

Billing Address _____

City _____ State _____ Zip _____

Type of Entity: Sole Proprietorship Partnership Corporation Other

Date Established _____ State of Incorporation _____

EIN _____ DUNS _____

Method of Payment: COD VISA/Mastercard Open Account

Bank Name _____ Phone _____

Address _____ Account # _____

City _____ PA _____ Zip Code _____

Corporate Owners/Officers 1 _____ Title _____

Corporate Owners/Officers 2 _____ Title _____

Corporate Owners/Officers 3 _____ Title _____

Trade Reference 1 _____ Email _____

Trade Reference 2 _____ Email _____

Trade Reference 3 _____ Email _____

The above information is provided for the purpose of extending credit to your company on your terms of Net 30 days. To the best of our knowledge and belief, the information is accurate and may be relied upon in making your credit decision. We authorize our bank and suppliers to furnish you any information necessary to complete your evaluation of our credit history.

Signature _____ Title _____ Date _____