



BUSINESS CREDIT APPLICATION

For Credit Approval
Please fax this
form to:
631-273-2146
Attn: Credit Division

Company Name _____ Type of Business _____ Phone Number _____ Fax Number _____

Billing Address _____ Shipping Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Type of Ownership: Corporation Partnership Sole Proprietor Government Non-Profit
Years in business: _____
Tax Exempt? Yes No
(If yes, please include resale card with application)

Parent company names (If different than above): _____

Address _____ Fax Number _____

City _____ State _____ Zip _____

Bank References

1. Name _____ Phone Number _____ Fax Number _____
Account Number _____ Contact: _____
2. Name _____ Phone Number _____ Fax Number _____
Account Number _____ Contact: _____

Open Accounts References

1. Name _____ Phone Number _____ Fax Number _____
Address _____ City _____ State _____ Zip _____
2. Name _____ Phone Number _____ Fax Number _____
Address _____ City _____ State _____ Zip _____
3. Name _____ Phone Number _____ Fax Number _____
Address _____ City _____ State _____ Zip _____

AUTHORIZED SIGNATURE: _____ DATE: _____

PRINT NAME: _____ TITLE: _____

Inter Office Use Only
CREDIT LIMIT: _____ DATE: ___/___/___
APPROVED BY: _____