

PHONE
1-800-352-0800



Fax 24 hrs
610-534-3202

CREDIT APPLICATION

Billing Information

Name _____ Phone _____ Fax _____
Company _____
Street _____
City _____ State _____ Zip _____

Ship To Information
(if different from above)

Name _____
Company _____
Street _____ Commercial Residential
City _____ State _____ Zip _____

Ownership

Individual Partnership Corporation Other, explain _____

Principals _____

Name _____ Address _____ City, State, Zip _____

Federal I.D. Number _____

Years in Business _____

Customer Special Conditions
(circle your choice)

1. PO required?	yes	no	5. Print your part # on packing slip?	yes	no
2. Monthly statements?	yes	no	6. Designate orders to:		
If no, you will only receive invoice			a. ship complete / no back orders		
3. Print prices on packing slip?	yes	no	b. ship complete unless otherwise specified		
<i>(not recommended for those using our drop ship program)</i>			c. ship partials / ship back orders complete		
4. Require fax acknowledgments on all orders.	yes	no	d. ship partials / ship back orders as they come in		

Bank Reference

Bank Name _____ Address _____

Type of Account _____ Account # _____ Bank Officer's Name _____ Phone _____

Vendor Reference

Company _____ Fax _____

Street _____ Phone _____

City _____ State _____ Zip _____

Company _____ Fax _____

Street _____ Phone _____

City _____ State _____ Zip _____

Company _____ Fax _____

Street _____ Phone _____

City _____ State _____ Zip _____

I the undersigned confirm that all information given in this application is true and correct to the best of my knowledge. I understand that terms on all purchases are net 30 days. If this application is approved, I recognize that I/we will be responsible for any attorney's fees and /or costs incurred in the collection of any unpaid balance.

Signature _____ Date _____