

PHONE
1-800-352-0800



Fax 24 hrs
610-534-3202

CREDIT APPLICATION

Billing Information

Name	Phone	Fax
Company	E-Mail	
Street		
City	State	Zip

Ship To Information (if different from above)

Name			
Company			
Street			
		<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential
City	State	Zip	

Ownership

<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other, explain
Principals			
Name	Address	City, State, Zip	
Federal I.D. Number			

Customer Special Conditions (circle your choice)

1. PO required?	yes	no	4. Require fax or email acknowledgments on all orders.	yes	no
2. Monthly statements?	yes	no	5. Print your part # on packing slip?	yes	no
If yes, do you want:		<input type="checkbox"/> Email	<input type="checkbox"/> Fax	<input type="checkbox"/> Mail	6. Designate orders to:
If no, you will only receive invoice. How do you want to receive your invoice?		<input type="checkbox"/> Email	<input type="checkbox"/> Fax	<input type="checkbox"/> Mail	a. ship complete / no back orders
3. Print prices on packing slip?	yes	no	b. ship complete unless otherwise specified		
(not recommended for those using our drop ship program)			c. ship partials / ship back orders complete		
			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	E-Mail
City	State	Zip
Company	Fax	
Street	Phone	E-Mail
City	State	Zip
Company	Fax	
Street	Phone	E-Mail
City	State	Zip

NOTE: If Applicable, your PA or FL Sales Tax Exempt Certificate MUST accompany credit application.

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.