

CREDIT/DEALER APPLICATION



800 Route 71 Spring Lake Heights, NJ 07762
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Janet Richardson
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Accounts Receivable Department

Name/Address

Last:	First:	Middle Initial:	Title	
Name of Business:			Tax I.D. Number	
Address:	City:	State:	Zip:	Phone:

Company Information

Type of Business:	In Business Since:			
Legal Form Under Which Business Operates:				
Corporation		Partnership		Proprietorship
If Division/Subsidiary, Name of Parent Company:			In Business Since:	
Name of Company Principal Responsible for Business Transactions:			Title:	
Address:	City:	State:	ZIP:	Phone:
Accounts Payable Contact:				
Phone:		Fax:		Email:

Account Type

Bank References

Type of Account (please check one)	Institution Name:	Institution Name:	
COD Company Ck COD Bank Ck or Money Order	Savings Account #:	Home Equity Loan:	Loan Balance:
Net 10 Day Net 15 Day Net 30 Day	Address:	Address:	
Credit Card Visa , MC , Discover , American Express	Phone:	Phone:	

Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Fax:	Fax:	Fax:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. we agree to personally guarantee full and prompt payment of any debts incurred by our firm.

Signature

Date