



416 S. 4th Street • Coopersburg, PA 18036-2039

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Credit Application

Legal Name _____

DBA _____

Street Address _____ Phone _____

City _____ State _____ Zip _____ Fax _____

Shipping Address _____ Contact _____ Phone _____

City _____ State _____ Zip _____ Fax _____

Description of Business _____

Business Type : () Proprietorship () Partnership () Corporation () Other

Incorporated Date _____ State _____

D & B # _____ FED. I.D. # _____

Tax Status () Tax () Non-Tax (If non-tax please include completed current state sales tax exemption form).

Yearly Sales \$ _____

Billing Information Contact Name _____ Phone _____

Street Address or P.O. Box _____ Fax _____

City _____ State _____ Zip _____

Purchasing Contact _____ Phone _____ Fax _____

Accounts Payable Contact _____ Phone _____

Fax _____ Email Address _____

Name of Officers, Partners or Proprietor:

1. _____ Title _____

2. _____ Title _____

3. _____ Title _____

4. _____ Title _____

Parent Company (if applicable) _____

City _____ State _____ Zip _____

Bank Name _____ Account Number: _____

Contact Name _____ Phone _____ Fax _____

Please Provide Trade References (Current comparable trade references required)

Name _____ Contact _____ Phone _____

Address _____ Account # _____ Fax _____

Type of business _____

Name _____ Contact _____ Phone _____

Address _____ Account # _____ Fax _____

Type of business _____

Name _____ Contact _____ Phone _____

Address _____ Account # _____ Fax _____

Type of business _____

Name _____ Contact _____ Phone _____

Address _____ Account # _____ Fax _____

Type of business _____

Authorization for release of information from Bank and Trade References

Printed Name _____ Title _____

Signature _____ Date _____