



3200 Liberty Avenue, Unit 2C, North Bergen, NJ 07047 Ph: 201-770-9950 Fax: 201-770-9956

**CREDIT APPLICATION**

Today's Date \_\_\_\_\_

Legal Business Name \_\_\_\_\_ DBA \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Code \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Shipping Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Code \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Federal ID # \_\_\_\_\_ St. Tax Resale Cert. # \_\_\_\_\_

Type of Entity \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ LLC

\_\_\_\_\_ Date and State incorporated \_\_\_\_\_ Years in business

Accounts Payable Contact \_\_\_\_\_

Have you had or do you presently have an account with our company under a different name?

\_\_\_\_\_

If yes, Name \_\_\_\_\_

Do you require purchase orders? \_\_\_\_\_

Have you ever filed for bankruptcy? \_\_\_\_\_ Year filed \_\_\_\_\_ If yes, personal or

business? \_\_\_\_\_

**OFFICERS OF THE CORPORATION, PARTNERSHIP OR PROPRIETORSHIP**

Principal's Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Title \_\_\_\_\_

**BANK REFERENCES**

Name of Bank & Branch \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Type of Account & Account Number (Must have to process this application)

Checking # \_\_\_\_\_ Savings # \_\_\_\_\_ Loan # \_\_\_\_\_

**TRADE REFERENCES**

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ Fax ( ) \_\_\_\_\_