



CREDIT APPLICATION FOR COMPANY OR CORPORATION

Fax To (201) 438-5852

Monthly
Credit
Desired: _____

Please check one: Company _____ Corporation _____ Partnership _____

Name: _____ Telephone _____

Billing Address: Street _____

City _____ State _____ Zip _____

Ship To: Street _____

City _____ State _____ Zip _____

Note: Customer Agrees requests that third parties be billed for work will be honored with the express understanding that the customer making such requests remains primarily liable.

Number of years in business: _____ Type of business: _____

Previous or Present engineering and drafting supply source: _____

Previous or present reproduction source: _____

Est. Monthly Volume: Supplies: \$ _____ Blue Printing: \$ _____ Photo: \$ _____ Xerox: \$ _____

Are Purchase orders required? _____ Tax Exempt No. _____ (Please attach copy of certificate)

Bank References:

Name _____ Contact _____ Address _____ Telephone _____

Account No. _____

Trade References (3)

Name: _____ Name: _____ Name: _____

Address: _____ Address: _____ Address: _____

Telephone: _____ Telephone: _____ Telephone: _____

Date: _____ Signature of person making application _____ Title _____

Approved By: _____ (PLEASE PRINT) Name _____ Title _____

Terms: Net 30 Days. Customer agrees to a charge of 1½% per month on all open balances over 60 days. Furthermore customer will pay all legal fees in the event of suit.