

Credit Application

Company Name:

DBA:

Address:

Telephone:

_____ Fax: _____

Billing Address:

Name of Payable Account Manager:

Name of Purchase Account Manager:

Tax ID:

Bank Reference

Bank:

_____ Address: _____

Telephone:

_____ Fax: _____

Contact:

_____ Account #: _____

Trade Reference

Name:

Address:

Tel:

_____ Fax: _____ Contact _____

Name:

Address:

Tel:

_____ Fax: _____ Contact _____

Name:

Address:

Tel:

_____ Fax: _____ Contact _____

It is agreed all invoices be paid net _____ days of invoice date.

Signature: _____ Date: _____

Please supply all of the above requested information when setting up new accounts. Please be sure to include a copy of the Tax I.D. for your business so that your application can be processed immediately. New accounts will not be processed until all of the information has been received by the office.

13 CHRISTOPHER AVE. BROOKLYN NY 11212
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