



136 MORGAN AVENUE, BROOKLYN, NY 11237
 PH: 800-403-0011 / FX: 800-952-8281

CREDIT APPLICATION

Firm Name:	Date:
Billing Address:	PH: ()
	FX: ()
Owner:	EM:
Tax ID#:	Manager:
PLEASE SUBMIT EXEMPTION FORM WITH THIS APPLICATION	CREDIT LINE REQUESTED
Principle Name:	PH:
Address:	SS#:
Bank:	PH:
Address:	FX:
	Contact:
	Account#:

REFERENCES: (PLEASE GIVE OPEN ACCOUNTS ONLY AND INCLUDE ACCOUNT NUMBER IF NECESSARY)

1. Firm Name:	Date:
Address:	PH: ()
Contact:	Account#:
FX: ()	
2. Firm Name:	Date:
Address:	PH: ()
Contact:	Account#:
FX: ()	
3. Firm Name:	Date:
Address:	PH: ()
Contact:	Account#:
FX: ()	

THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND I UNDERSTAND THAT YOU WILL RELY ON IT IF YOU GRANT CREDIT. I UNDERSTAND THAT TERMS OF SALE ARE NET 30 DAYS UNLESS OTHERWISE AGREED IN WRITING. I AGREE TO PAY A FINANCE CHARGE OF 1.5% PER MONTH (18% PER ANNUM) ON PAST DUE ACCOUNTS. I ALSO AGREE THAT IF MY ACCOUNT IS REFERRED TO AN ATTORNEY OR COLLECTOR, I WILL PAY THE REASONABLE FEE OF SUCH ATTORNEY OR COLLECTOR. I AUTHORIZE AND REQUEST THAT ANY DEPOSITORY INSTITUTION RELEASE CREDIT INFORMATION TO YOU AND I INTEND THAT A PHOTOCOPY OF THIS AUTHORIZATION BE AS VALID AS THE ORIGINAL.

AUTHORIZED SIGNATURE: _____ TITLE: _____ DATE: _____

OFFICE USE ONLY:	DATE: _____
CREDIT: <input checked="" type="checkbox"/> APPROVED: <input checked="" type="checkbox"/> NOT APPROVED:	BY: _____
AUTHORIZED CREDIT LINE: _____	CUSTOMER ACCOUNT#: _____