



CORPORATE HEADQUARTERS

50 PORTLAND ROAD/ P.O. Box 367 Sales Rep _____

WEST CONSHOHOCKEN, PA 19428

BRANCH 12

US SUPPLY

Phone: 1-888-878-2050 Fax: 1-610-828-5610

CREDIT APPLICATION

1. Exact Firm Name _____ Date _____

2. Shipping Address _____ City _____ State _____ Zip _____

3. Billing Address _____ City _____ State _____ Zip _____

4. Type of Business: ___ Corp. ___ Partnership* ___ Individual* Federal ID # _____

5. Business Phone# () _____ Fax# () _____

6. Date Business Established _____ TAX STATUS: Taxable Tax Exempt (Please attach form)

7. Type of Business: _____

8. Authorized Purchasers: _____

P.O. Required: NO YES

9. Owner and Officer Name Home Address Social Security # Drivers License # Home Phone # Title

Management Company Street Address, City, Zip Check one: Partnership Corporation Sole Proprietorship Specify state of registration Phone # Fax #

10. Credit Limit Requested: Specify amount requested _____ Estimated monthly purchases _____

11. Bank or Savings and Loan Association BANK NAME BRANCH OFFICE ACCOUNT # PHONE #

12. Have you traded under another name? Yes ___ No ___ If Yes, what was that name? _____

13. Have you done business with us before? Yes ___ No ___ If Yes, when? _____

14. Have any principals been involved in Bankruptcy, Civil Suit or Tax Liens in the last 6 years, if so explain: _____

15. Major Trade References: NAME ADDRESS PHONE #

* I certify that all information is true and submitted for obtaining credit, and once credit extended, it is subject to revocation in the event any of the above information is found to be false...

Print Name _____ Authorized _____ Date _____ Signature _____ Owner _____