



CORPORATE HEADQUARTERS

50 PORTLAND ROAD/ P.O. Box 367 Sales Rep \_\_\_\_\_

WEST CONSHOHOCKEN, PA 19428

BRANCH 16

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: <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> 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 (in which case the condition of the application changes), or the applicant fails to comply with any credit terms extended. I agree to make payments on all due invoices within our terms of sale as specified and in the event any invoices are past due, I agree to 2% service charge per month on these invoices. In the event a check is returned from me, U.S. Supply will charge a standard fee. In the event any purchases are not paid by the corporation, company or individual listed above, I/we assume the obligation to pay all collection costs, attorney's fees and court costs in addition to all other sums due. I authorize and empower any bank, or credit association, or other financial institution, or individual organization with whom I do business to give U.S. SUPPLY CO. all information requested by U. S. SUPPLY CO. which is or may be deemed by U.S. SUPPLY CO. to be relevant to my credit. The undersigned warrants that the above agreement has been carefully read and that the undersigned understands it completely and is an authorized signer for the applicant. U.S. Supply will be notified IMMEDIATELY, in writing, if there is any change in organization or any material changes in the facts listed above. Signature indicates that all invoices will be paid according to terms listed above, and authorizes all references to release credit information to U.S. Supply Co., Inc. U.S. Supply Co. and it's affiliates reserve the right to adjust the credit limit and terms from time to time as U.S. Supply Co. deems appropriate.

Print Name \_\_\_\_\_

Authorized

Date \_\_\_\_\_ Signature \_\_\_\_\_ Owner \_\_\_\_\_