



CORPORATE HEADQUARTERS

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

WEST CONSHOHOCKEN, PA 19428

BRANCH 2

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 \_\_\_\_\_