



Confidential Open Credit Application

Fax this completed form to [610] 384-7362

Company Name		
Contact	Phone	Fax
Billing Address		
City	State	Zip Code
Shipping Address		
City	State	Zip Code
Type of Entity <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	Date Established	State of Incorporation
EIN	DUNS	Method of Payment <input type="checkbox"/> C.O.D. <input type="checkbox"/> Visa/MasterCard <input type="checkbox"/> Open Account

Visa / MasterCard Information

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	Account Number	Expiration Date	Customer Number
Billing Address		State	Zip Code

Open Account

Bank Name	Phone
Address	Account Number
City	State Zip Code
Corporate Owners/Officers 1	Title
Corporate Owners/Officers 2	Title
Corporate Owners/Officers 3	Title
Trade Reference 1	Phone/Fax
Trade Reference 2	Phone/Fax
Trade Reference 3	Phone/Fax

The above information is provided for the purpose of extending credit to your company on your terms of net 30 days. To the best of our knowledge and belief, the information is accurate and may be relied upon in making your credit decision. We authorize our bank and suppliers to furnish you any information necessary to complete your evaluation of our credit history.

Signature	Title	Date
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