



2634 State Route 49
 West Monroe, NY 13167
 315-676-4431
 (fax) 315-668-6844

Credit Application

Company name _____

DBA (if different) _____

Contact person _____

Address _____

Phone _____ **Fax** _____

Date business established _____ **Amount of credit requested \$** _____

Federal tax ID or Social Security number. _____

Types of products you will purchase _____

- Are you a:
- CORPORATION
 - PARTNERSHIP
 - SOLE PROPRIETORSHIP

Names, titles, and Social Security Numbers of your Principals

Name _____	Title _____
Address _____	Social Security No. _____
Name _____	Title _____
Address _____	Social Security No. _____
Name _____	Title _____
Address _____	Social Security No. _____

Are you exempt from any taxes? Yes No
 (If yes, please attach a tax exempt form.)

TRADE REFERENCES

Name _____	Name _____
Address _____	Address _____
Phone _____	Phone _____
Name _____	Name _____
Address _____	Address _____
Phone _____	Phone _____

BANK REFERENCES

Checking Account # _____

Savings Account # _____

Phone _____

Contact person _____

Name of bank _____

Address _____

I represent that the above information is true and is given to induce to extend credit to the applicant. My company and I authorize to make such credit investigation as sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose to any and all information concerning the financial and credit history of my company and myself. I have read the terms and conditions stated below and agree to all of these terms and conditions.

Authorized signature: _____

Printed name: _____

Title: _____ **Date:** _____