



### CREDIT APPLICATION

**PLEASE COMPLETE CREDIT APPLICATION AND RETURN via FAX to 610-296-8952**

Customer Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Customer Address1 \_\_\_\_\_ Fax # \_\_\_\_\_  
 Customer Address 2 \_\_\_\_\_  
 Customer City, State ZIP \_\_\_\_\_  
 Authorized Signature: \_\_\_\_\_

INFORMATION (if applicable)

SOLE PROPRIETOR  
 PARTNERSHIP IN BUSINESS FOR \_\_\_\_\_ YEARS  
 CORPORATION CONTROLLER'S NAME \_\_\_\_\_

BANKING / TRADE REFERENCES \*\*Please note: if your bank charges a fee for the release of information, that cost will be added to your invoice.\*\*

BANK \_\_\_\_\_  
 ACCT # AND \_\_\_\_\_  
 TYPE OF ACCT \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 TELEPHONE \_\_\_\_\_  
 FAX # \_\_\_\_\_

TRADING PARTNER \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 TELEPHONE \_\_\_\_\_  
 FAX # \_\_\_\_\_

TRADING PARTNER \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 TELEPHONE \_\_\_\_\_  
 FAX # \_\_\_\_\_

TRADING PARTNER \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 TELEPHONE \_\_\_\_\_  
 FAX # \_\_\_\_\_

**STATUS : Office Use Only**

REJECTED: \_\_\_\_\_ APPROVED: \_\_\_\_\_  
 TERMS: \_\_\_\_\_ BY: \_\_\_\_\_ DATE: \_\_\_\_\_