



PO Box 254
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 Interlaken, NY 14847

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CREDIT APPLICATION

Line of Credit \$		Present Balance \$		Date:	
Business Name:			Phone:		
Billing Address:			Fax:		
Street		City	State		Zip Code
Shipping Address:			Phone:		
Street		City	State		Zip Code
D/B/A			Federal Tax ID #		
Former Business Address (If Applicable)					
Type of Business:		Date Established:		How Long in Business?	
OWNERSHIP <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation					

PRINCIPAL:

(Name) (Title) (SS#) (Home Address) (Ph#)

PRINCIPAL:

(Name) (Title) (SS#) (Home Address) (Ph#)

PRINCIPAL:

(Name) (Title) (SS#) (Home Address) (Ph#)

TRADE REFERNCES LIST THREE:

NAME	ADDRESS/PHONE
_____	_____
_____	_____
_____	_____

No. of Employees _____ Est. Annual Sales \$ _____ Sales Area _____

How did you hear about us? ___website ___phone ___advertising ___sales rep ___tradeshow ___other

Has the firm or any of its Principals ever been bankrupt? _____

If yes, Explain: _____

PLEASE INCLUDE A ONE PAGE COMPANY PROFILE, AND/OR YOUR WEBSITE