



*"The Professional's Choice for Cleaning Equipment and Supplies"*  
SERVING NJ FOR OVER 25 YEARS

**Please return via fax (215-599-8072), Attn: Accounting**

## Credit Application

### BUSINESS CONTACT INFORMATION

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:		State:	ZIP Code:
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

### BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:		State:	ZIP Code:
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Type of account	Account number		
Savings			
Checking			
Other			

### BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			

### BILLING

INVOICES - send to the attention of:			
E-mail:		Fax:	

### SALES REPRESENTATIVE INFORMATION

Name:			
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### ADDITIONAL INFORMATION AND AGREEMENT

1. State Tax Exempt Number, if applicable (If so, please fax along with application):
2. By submitting this application, you authorize us to make inquiries into the banking and business/trade references that you have supplied.

### SIGNATURES

Title:	Title:
Date:	Date: