

## Credit Application

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

### 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?		Tax ID number:	
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.
3. In consideration for company extending credit, applicant agrees to pay for all goods sold by company to applicant in accordance with the terms and conditions of each invoice. Applicant agrees to pay a service charge of 1% per month on all sums due company which have not been paid at the end of the month following billing. Additional service charges, computed on the same basis, will be due and payable every thirty (30) days thereafter. In the event company places the account for collection, applicant agrees to pay all collection costs and attorneys fees in the amount of 33 1/3% of the amount due company.

### SIGNATURES

Title:	Title:
Date:	Date: