

APPLICATION FOR CREDIT
(To be completed and returned)

Return to the attention of **Credit Department - Fax # (717) 299-2468**

Firm Name: _____ Phone#: () _____
Fax#: () _____

Shipping Address: _____ Billing Address: _____

DUNS #: _____
Type of Business: _____ Amount of Credit Desired _____
Individual Ownership _____ Partnership _____ Corporation _____ Other _____
Year Business Established _____ No. of Employees _____ Years at Present Location _____

TRADE REFERENCES--PLEASE PRINT

Company Name _____
Street Address _____
City _____ State _____ Zip _____
Phone No. () _____ Fax No. () _____
Line of Credit _____

Company Name _____
Street Address _____
City _____ State _____ Zip _____
Phone No. () _____ Fax No. () _____
Line of Credit _____

Company Name _____
Street Address _____
City _____ State _____ Zip _____
Phone No. () _____ Fax No. () _____
Line of Credit _____

Company Name _____
Street Address _____
City _____ State _____ Zip _____
Phone No. () _____ Fax No. () _____
Line of Credit _____

BANK REFERENCES

Bank Name _____
Street Address _____
City _____ State _____ Zip _____
Phone No. () _____ Fax No. () _____
Line of Credit _____
Account # _____

I authorize your company to obtain information from the above Trade and Bank references and acknowledge that the information provided in the application is accurate to the best of my knowledge.

Authorized Signature _____ Date _____
Print Name _____ Title _____