



60 Campus Drive, Edison NJ 08837. Tel: 1-908-490-1786 Fax: 1-908-490-1787

NEW ACCOUNT APPLICATION

Company Name:			
Contact Name:			
Billing Address:			
Phone:	Fax:	Email:	
Shipping Address:			
Phone:	Fax:	Contact Person:	
Tax ID:	Resale Certificate:	Duns#:	
Company Structure:	Corporation	Partnership	Proprietorship LLC
Number of years in Business:	Type of Business: Retail / Wholesale / Other _____		
Name of the Owner / President:			
Home Address:			
Home Tel:	SSN #:		
ACTIVE TRADE REFERENCES:			
1. Company Name:		Contact Person:	
Address:			
Phone:	Fax:	Email:	
Length of time doing business:		Present Credit Line:	
2. Company Name:		Contact Person:	
Address:			
Phone:	Fax:	Email:	
Length of time doing business:		Present Credit Line:	
3. Company Name:		Contact Person:	
Address:			
Phone:	Fax:	Email:	
Length of time doing business:		Present Credit Line:	
BANK REFERENCE			
Bank Name:		Bank Contact:	
Bank Address:			
Bank Phone:	Type of Account: Checking / Saving / Other _____		
Account Number:			
I hereby authorize the above bank to release the information regarding my accounts to the creditor.			
Applicants Signature:		Date:	
Applicants Name & Title:			
Terms of Sale: The applicant hereby agrees that if the above account becomes delinquent and is forced to be placed in collection. The applicant will pay all costs of collection or legal fees should such action be necessary due to non-payment.			
Applicants Signature:		Date:	
Applicants Name & Title:			