



560 WHITE PLAINS ROAD  
TARRYTOWN, NY 10591  
TEL:(914) 798-7900  
FAX:(914) 798-7971

**APPLICATION FOR CREDIT  
AND AUTHORIZATION TO OBTAIN CREDIT REPORT**

**BILLING AND BUSINESS INFORMATION**

Legal Name of Business \_\_\_\_\_ Federal Tax I.D. # \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing Address (If different from above) \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Accounts Payable Supervisor \_\_\_\_\_ E-mail \_\_\_\_\_

Purchasing Agent \_\_\_\_\_ E-mail \_\_\_\_\_ Phone \_\_\_\_\_

In business since \_\_\_\_\_ [ ] Corporation [ ] Partnership [ ] Individual [ ] Other

Are you exempt from state sales tax? [ ] No [ ] Yes (If yes, Attach Sales Tax Certificate

Description of Business \_\_\_\_\_

**BANK AND TRADE REFERENCES**

Bank Name \_\_\_\_\_ Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

1. Supplier Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

2. Supplier Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

3. Supplier Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

In the event of DEFAULT in payment, the undersigned agrees to pay all costs of collection, including reasonable Attorney's Fees.

Authorized Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_