



Please print, complete and FAX to 800-457-1634

401 Center Street • P.O. Box 560 • Mt. Airy, Marvland 21771

**NEW CUSTOMER CREDIT APPLICATION**

COMPANY NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

DIVISION OF: \_\_\_\_\_ PHONE #: \_\_\_\_\_

FEDERAL ID#: \_\_\_\_\_ FAX #: \_\_\_\_\_

PROPRIETORSHIP: [ ] PARTNERSHIP: [ ] CORPORATION: [ ]

NAME OF OWNER(S) OR PRESIDENT: \_\_\_\_\_

BANK: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

D&B NUMBER: \_\_\_\_\_ RATING: \_\_\_\_\_

TAX STATUS: [ ] TAXABLE [ ] TAX-EXEMPT TAX EXEMPT #: \_\_\_\_\_

*(NOTE: IF TAX EXEMPT, PLEASE ATTACH A COPY OF YOUR CURRENT CERTIFICATE FOR OUR RECORDS. THANK YOU.)*

ACCOUNTS PAYABLE MANAGER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

**TRADE REFERENCES**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_