



Application for Open Account

100 Lincoln Boulevard • Middlesex, New Jersey 08846-1022 • Phone: 732-469-0900 • Fax: 732-469-0360

Trade Name _____ D & B Rated? _____ Listed? _____

Address _____

City _____ State _____ Zip _____

Telephone # () _____ Fax # () _____ Type of Business _____

Date Established _____ Check: Corporation Partnership Sole Proprietorship

Tax ID# _____ If a division of another company, their name and location: _____

Company Officers _____

Approximate dollar amount of credit requested per month _____

FINANCIAL REFERENCE

Bank _____ Account # _____

Address _____

City _____ State _____ Zip _____

Contact _____ Telephone # () _____ Fax # () _____

TRADE REFERENCES

Name _____ Telephone # () _____

Address _____

City _____ State _____ Zip _____ Fax # () _____

Name _____ Telephone # () _____

Address _____

City _____ State _____ Zip _____ Fax # () _____

Name _____ Telephone # () _____

Address _____

City _____ State _____ Zip _____ Fax # () _____

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

In consideration for credit being extended, I or we acknowledge and agree to the following: (1) Terms of payment are: 1%, 10 days; net 30 (2) any charges still outstanding after 90 days from date of delivery are subject to collection, and all collection or arbitration expenses, attorney's fees, and court costs will be borne by the purchaser; (3) all claims, requests for adjustments, or notification of errors must be made within thirty days, or charges are considered accepted; (4) credit privileges may be withdrawn at any time without invalidating the terms of this agreement.

Name _____ Title _____

Signature _____ Date _____