



Credit Application

Type of Business

Corporation Partnership Sole Proprietorship _____ Year Est. of Incorporated _____ SIC Code

Customer Type (Check One)

Dealer/Systems Integrator Distributor OEM Manufacturer Government Education Other

Company Information

Company _____ Web Site: _____

Phone (_____) _____ Fax (_____) _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

Sales Tax Exemption Number(A copy of the certificate MUST be faxed to 201-814-0510)_____

Accounts Payable Contact _____ e-mail: _____

Primary Purchasing Contact _____ e-mail: _____

Primary Sales Contact _____ e-mail: _____

Financial Information

Name of Principle Bank _____

Phone (_____) _____ Fax (_____) _____

Account Number _____

DUN & BRADSTREET D&B Number _____ D&B Rating _____

Trade References (Please list your primary suppliers)

Name _____ Account # _____

Street _____

City _____ State _____ Zip _____

Phone() _____ Fax() _____

Name _____ Account # _____

Street _____

City _____ State _____ Zip _____

Phone() _____ Fax() _____

Name _____ Account # _____

Street _____

City _____ State _____ Zip _____

Phone() _____ Fax() _____