



SERVING THE BARN, SHED AND OUTDOOR PLAY INDUSTRY

Apple Fasteners, Inc.

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Camp Hill, PA 17011

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WWW.APPLEFASTENERS.COM

Credit Application

Name of Business:		Customer Code:	
Last:	First:	Middle Initial:	Title:
Billing Address:			
City:	State:	ZIP:	
Phone:	Extension:	Fax:	
Email:		Website:	
Type of Business:		In Business Since:	
Tax Exempt?:		Tax I.D. Number:	
If Division/Subsidiary, Name of Parent Company:			Business Since:
Phone:		Fax:	
Address:	City:	State:	Zip:
Shipping Address (if different than billing):			
Address:			
City:	State:	ZIP:	
Trade References – Companies already extending credit to you.			
Company Name:	Company Name:	Company Name:	
Contact Name:	Contact Name:	Contact Name:	
Address:	Address:	Address:	
City, State & Zip:	City, State & Zip:	City, State & Zip:	
Phone:	Phone:	Phone:	
Fax:	Fax:	Fax:	
Year Opened:	Year Opened:	Year Opened:	
Credit Limit:	Credit Limit:	Credit Limit:	

Invoicing:

- Please send my invoices in the mail.
- (Paperless) Please send my invoices via email to: _____
- (Paperless) Please send my invoices via fax to: _____

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 companies listed in this credit application to release necessary information to Apple Fasteners in order to verify the information contained herein. Upon approval, this entitles me to purchase from Apple Fasteners on Open Account to the extent of the Credit Limit approved. I understand this extension of credit is conditional upon favorable payment within terms; service charges will apply for past due balances and Open Account privileges may be suspended for negligent or insufficient payments. I have also read and agree to Apple Fasteners' Policies & Procedures.

Company Representative: _____ (please print) _____ (signature)

Title: _____ Date: _____