



## CUSTOMER CREDIT APPLICATION

ALL INFORMATION REQUIRED

2617 Simpson Ferry Rd. • Camp Hill PA 17011

Phone: 1-800-704-8112 • 717-761-8962

Fax: 1-800-633-7916 • 717-761-8964

Your Only Source For Furniture Hardware

### Applicant Information

Company Name

Contact Name

Address

City

State

Zip Code

Phone

Fax

E-Mail

### Resale Information - Pennsylvania Businesses Only

Tax ID #

Tax Exempt?

### Banking Information

Bank Name

Contact Name

Address

City

State

Zip Code

Phone

Fax

### Trade References

#### COMPANY NAME

Contact Name

Address

City

State

Zip Code

Phone

Fax

#### COMPANY NAME

Contact Name

Address

City

State

Zip Code

Phone

Fax

### Signature

I, the undersigned, am authorized to submit this information on behalf of the above named company for the purpose of extending credit to our company. I authorize Apple Fastener to contact the above credit references and authorize our bank and suppliers to furnish you with any information necessary to complete your evaluation of our credit history. Upon approval, this entitles me to purchase Apple Fastener products on Open Account to the extent of the credit limit approved. I understand that this account is conditional upon the above named company maintaining a favorable payment and and credit history with Apple Fastener. I understand the terms on the invoice will be 1% - 10 net 30 days. I further understand that a 1.5% service charge per month will be levied for all invoices which are 30-day past due date, and that my Open Account privileges may be suspended.

Company Representative \_\_\_\_\_

(please print)

(signature)

Title \_\_\_\_\_

Date \_\_\_\_\_