Credit Application

ACCOUNT NUMBER _______ACCOUNT REP



1520 Front Street, Yorktown Heights, NY 10598 Phone (914) 962-3871 Fax (914) 962-6921

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Personal Information
Principal Owners, Partners or

Credit References

Personal Guarantee

Business Name _		Business Phone			
Type of Business		Fax			
Street Address		E-Mail			
City		State Zi	State Zip		
Check One: Co	orporation Partnership	Proprietorship			
Date Formed	How Long at Pre	esent Location Business Ta	x ID Number		
Bank		Branch			
Business Bank Ad	count Number				
		Card Number			
Authorization Signature					
		_			
Name		Name			
E Mail:					
	umber				
Previous Business Address		Previous Business	Previous Business Address		
Name		Address			
City	State/Zip	Phone/FAX	Email		
Name		Address			
City	State/Zip	Phone/FAX	Email		
Name		Address			
		Phone/Fax			
	Please Sign Below for	r permission to check references thro	ough EQUIFAX.		
	or Officer's Signature d by sending this account t	Owner of a collection agency because of an o	or Officer's Signature everdue bill will be the responsibility		
,,	a sy containing time decodance	of the customer.			
	Signature		Print Name		
PLEASE FILL OUT	THIS APPLICATION COMPLETELY	; Any Omission(s) of Information May F Credit.	RESULT IN A FAILURE TO OBTAIN PROPER		
		and will be handled confidentially. <u>Call p</u> otherwise credit card will be charged full a			