



6101 Tacony Street, Philadelphia, Pa. 19135
Phone: (215) 333-8700 / Fax: (215) 992-0148

CREDIT APPLICATION

COMPANY NAME: _____ TELEPHONE: _____

ADDRESS: _____ FAX: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COMPANY E-MAIL ADDRESS : _____

WEBSITE: _____

AMOUNT OF CREDIT REQUESTED: \$ _____ PAYMENT PERSONALLY GUARANTEED? YES NO

IF YES: BY: _____ POSITION/TITLE: _____

TYPE OF ENTITY:

- CORPORATION
- LIMITED LIABILITY COMPANY
- LIMITED PARTNERSHIP
- PARTNERSHIP
- SOLE PROPRIETORSHIP

RESALE #: _____

FEDERAL TAX I.D. #: _____

DUNS #: _____

BUSINESS START DATE: _____

OWNERSHIP:

Name of Owner : _____ Telephone#: _____

Address: _____ City: _____ State: _____ Zip Code: _____

BANK REFERENCES: (Please list all banks your company uses for business.)

Name: _____ Account #: _____ Contact Person: _____ Telephone #: _____

Address: _____ City: _____ State: _____ Zip Code: _____ Fax #: _____

Email: (REQUIRED) _____

Name: _____ Account #: _____ Contact Person: _____ Telephone #: _____

Address: _____ City: _____ State: _____ Zip Code: _____ Fax #: _____

Email: (REQUIRED) _____

TRADE REFERENCES: Please list a minimum of three - **MUST INCLUDE VALID EMAIL ADDRESS.**

Name: _____ Contact Person: _____ Telephone #: _____

Address: _____ City: _____ State: _____ Zip Code: _____ Fax #: _____

Email: (REQUIRED) _____

Name: _____ Contact Person: _____ Telephone #: _____

Address: _____ City: _____ State: _____ Zip Code: _____ Fax #: _____

Email: (REQUIRED) _____

Name: _____ Contact Person: _____ Telephone #: _____

Address: _____ City: _____ State: _____ Zip Code: _____ Fax #: _____

Email: (REQUIRED) _____

Name: _____ Contact Person: _____ Telephone #: _____

Address: _____ City: _____ State: _____ Zip Code: _____ Fax #: _____

Email: (REQUIRED) _____

Name: _____ Contact Person: _____ Telephone #: _____

Address: _____ City: _____ State: _____ Zip Code: _____ Fax #: _____

Email: (REQUIRED) _____

LANDORD: (If applicable)

Name: _____ Contact Person: _____ Telephone #: _____

Address: _____ City: _____ State: _____ Zip Code: _____ Fax #: _____

Email: (REQUIRED) _____

Lease or Rent amount per month: \$ _____

BY SIGNING BELOW, THE UNDERSIGNED CONFIRMS ALL INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT.

The undersigned hereby authorizes Newman & Company, Inc. or its agent to investigate its credit and authorizes any bank, mortgage lender or landlord, trade reference or any other party to release information to Newman & Company, Inc. or its agent, and holds them harmless for said disclosure. The undersigned grants a security interest in all goods sold, and agrees to pay reasonable attorney's fees and cost of collection and interest at the maximum legal rate in the event of any default under this obligation. The undersigned understands the credit terms offered by Newman & Company, Inc. are **1% 10 days, net 30 days**, and if credit is approved, the undersigned will abide by these terms.

Please print full name, title/position, date, and sign as an individual.

Name: _____ Title: _____

Signature: _____ Date: _____