



Publishers of:
Northern Berks and East Penn Valley

Merchandisers

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www.windsorpress.com

APPLICATION FOR CREDIT

Date _____

Name of Business _____

Mailing Address _____

Street Address _____

Telephone Number _____ Contact Person _____

Type of Business _____

Type of Ownership _____ Individual _____ Partnership _____ Corporation

If Corporation, please list Names, Home Address and Phone Numbers of Officers

_____	_____	_____
_____	_____	_____
_____	_____	_____

Years In Business _____

Accounts Payable Contact _____ Phone No. _____

Billing Address _____

Are You Sales and/or Use Tax Exempt? If so, please list Certificate No. _____

BANK REFERENCE

Bank Name _____ Branch _____

City _____ State _____ Zip _____

Phone No. _____ Checking Acct. _____ Savings _____

BUSINESS CREDIT REFERENCE

(Please list minimum of three)

	NAME	ADDRESS, CITY, STATE, ZIP	PHONE NO.
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____

ALL ACCOUNTS ARE DUE AND PAYABLE IN FULL UPON RECEIPT OF INVOICE

"I, the undersigned, hereby agree that in the event of default in the payment of any amount due, and if this account is placed in the hands of an agency or attorney for collection or legal action, to pay an additional charge equal to the cost of collection including agency and attorney fees and court costs incurred and permitted by laws governing these transactions."

We certify that all the information on this form is correct and that we fully understand your credit terms and agree to the proper payment in consideration of extended credit.

(signed) _____

(title) _____

(Please Do Not Write In The Space Below)

References checked by

Credit approved by

Reference results

Credit refused by

Date