



MANUFACTURERS OF AUTOMOTIVE
HOUSEHOLD AND INDUSTRIAL PRODUCTS

SCHAFFNER CENTER, EMSWORTH, PITTSBURGH, PA 15202

CREDIT APPLICATION

CUSTOMER INFORMATION (Please **Print** or **Type** the requested information)

Company Name _____

Company Address _____

City: _____ State _____ Zip _____

Phone _____ Fax _____ e-mail _____

Partnership Proprietorship Corporation (Type; _____, State Incorporated _____)

Federal Tax ID or SSN _____ D-U-N-S Number _____

Nature of Business _____ Date you started business or assumed control: _____

Contact Name for Accounts Payable _____

Phone _____ Fax _____

CREDIT REFERENCES (3 required)

Vendor or Business Name: _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

Vendor or Business Name: _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

Vendor or Business Name: _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

The Undersigned hereby applies for credit and agrees as follows:

- A. The undersigned gives permission to make inquiries.
- B. The undersigned agrees to abide by the payment terms on the invoice, NET 30 DAYS.
- C. The undersigned agrees to pay all costs of collection. Including interest on over due balances at a rate of 1.5% per month.
- D. Maximum credit \$ amount required: _____

Signature of Authorized Company Representative: _____

Print Name / Title: _____ **Date:** _____