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CREDIT APPLICATION

INFORMATION				DESCRIPTION OF BUSINESS			
NAME OF BUSINESS				NO. OF EMPLOYEES	CREDIT REQUESTED	TYPE OF BUSINESS	
ADDRESS				IN BUSINESS SINCE			
CITY				BUSINESS STRUCTURE			
STATE ZIP				<input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> DIVISION/SUBSIDIARY PARENT COMPANY			
PHONE		FAX		EMAIL			
COMPANY PRINCIPALS RESPONSIBLE FOR BUSINESS TRANSACTIONS							
NAME		TITLE		ADDRESS		PHONE	
NAME		TITLE		ADDRESS		PHONE	
NAME		TITLE		ADDRESS		PHONE	
REFERENCES							
NAME OF BANK				NAME TO CONTACT			
BRANCH				ADDRESS			
CHECKING ACCOUNT NO.				PHONE # (Required)		FAX or EMAIL # (Required)	
TRADE REFERENCES: (UNSECURED TRADE CREDITORS ONLY. FINANCE, AND FUEL COMPANIES ARE NOT ACCEPTABLE)							
FIRM NAME		CONTACT NAME		TELEPHONE NUMBER		FAX or EMAIL (REQUIRED)	
CONFIRMATION OF INFORMATION ACCURACY AND RELEASE OF AUTHORITY TO VERIFY I hereby certify that the information in this credit application is correct. The information included in this credit application is to be used to determine the amount and conditions of credit to be extended. I understand that the other sources of credit considered necessary in making the determination may also be used. Further, I hereby authorize the bank and trade references listed in this credit application to release the information necessary to assist in establishing a line of credit.							
CONDITION OF SALE Terms net 10th approx. A late payment charge of 1.5% per month will be assessed against the balance outstanding over 30 days. The undersigned agrees to pay all costs of collections, or costs of attempting to collect delinquent payments, including a reasonable attorneys fee, not to exceed 20% . The undersigned also agrees to abide by company policies and procedures, and personally guarantees the payment of all bills incurred by the above mentioned company							
Print _____ Signed _____ Title: _____ Date: _____ (Owner, Partner, or Corporate Principle must sign)							

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FAX NUMBERS MUST BE FILLED IN

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