



75 Ninth Ave
New York, NY 10011
Phone: 212.727.1111 - Fax: 212.727.1778

Application for NET 30 Credit - Page 1/2

Fill in these 2 pages and fax to us at the number above. This information will be kept on file and not shared.

Company Information

Company Name:		Date Established:	
A/P Contact:			
Address:			
City:		State:	
Telephone:		Fax:	
Tax ID #:			

Bank Information

Bank Name:			
Branch Contact:			
Address:			
City:		State:	
Telephone:		Fax:	
Account #1 Name:		Account Number:	
Account #2 Name:		Account Number:	

Back-Up Credit Card Number & Billing Address (Required)

CC Number:		CC Exp:	
Company:			
Name:			
Address:			
City:		State:	

** Please note that all payments are **due upon receipt** of the invoice date. In cases where payment has not been received after 30 days, the backup credit card will be charged for any outstanding amount.



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Application for NET 30 Credit – Page 2/2

Credit References 1

Company Name:					
Contact:					
Address:					
City:		State:		Zip:	
Telephone:		Fax:			

Credit References 2

Company Name:					
Contact:					
Address:					
City:		State:		Zip:	
Telephone:		Fax:			

Credit References 3

Company Name:					
Contact:					
Address:					
City:		State:		Zip:	
Telephone:		Fax:			