



## Credit Application

### Type of Business

Corporation    Partnership    Sole Proprietorship    \_\_\_\_\_ Year Est. of Incorporated    \_\_\_\_\_ SIC Code

### Customer Type (Check One)

Dealer/Systems Integrator    Distributor    OEM Manufacturer    Government    Education    Other

### Company Information

Company \_\_\_\_\_ Web Site: \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Sales Tax Exemption Number(A copy of the certificate MUST be faxed to 201-814-0510) \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_ e-mail: \_\_\_\_\_

Primary Purchasing Contact \_\_\_\_\_ e-mail: \_\_\_\_\_

Primary Sales Contact \_\_\_\_\_ e-mail: \_\_\_\_\_

### Financial Information

Name of Principle Bank \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Account Number \_\_\_\_\_

DUN & BRADSTREET    D&B Number \_\_\_\_\_ D&B Rating \_\_\_\_\_

### Trade References (Please list your primary suppliers)

Name \_\_\_\_\_ Account # \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone(    ) \_\_\_\_\_ Fax(    ) \_\_\_\_\_

Name \_\_\_\_\_ Account # \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone(    ) \_\_\_\_\_ Fax(    ) \_\_\_\_\_

Name \_\_\_\_\_ Account # \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone(    ) \_\_\_\_\_ Fax(    ) \_\_\_\_\_