

357 Spook Rock Road
 Bldg # 1 – 505
 Suffern, NY 10901



Tel.: (845) 368-3600
 Fax: (845) 368-3040
 sales@archonind.com

CREDIT APPLICATION

General Information

Company Name		Application Date	
Mailing Address		Shipping Address	
City/State/Zip		City/State/Sip	
Telephone		Fax	
A/c Dept. Contact		Email	

Business Information

Type of Business	Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	
	Sole Owner <input type="checkbox"/>	Other <input type="checkbox"/>	_____

Years in Business	No. of employees
Federal ID No.	Dunn & Bradstreet No.
Resale No.	Please supply your resale certificate for our records.

Bank References

Bank Name		Tel	
Address		Fax	
City/State/Zip		Contact Name	

Trade References (Minimum of 3 required)

Company		Tel	
Address		Fax	
City/State/Zip		Contact Name	

Company		Tel	
Address		Fax	
City/State/Zip		Contact Name	

Company		Tel	
Address		Fax	
City/State/Zip		Contact Name	

The above information is for the purpose of obtaining commercial credit and is warranted to be true, correct and complete. Creditor, it's agents, or any credit bureau employed by creditor is hereby expressly authorized to investigate the references herein listed or data obtained from applicant pertaining to applicants credit responsibility. Applicant authorizes the above bank to release information regarding his checking account balances and loan relationships. Applicant's signature attests to applicant's financial responsibility, ability and willingness to pay creditors invoices in accordance with creditors terms. Applicant agrees to pay a service charge specified in the terms and conditions of sale on the unpaid balance after 30 days. Applicant agrees to pay for all costs of collection, including reasonable attorney fees, court costs and collection agency fees.

Authorized Signature:	Title:
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