Penn Emblem Company 2577 Interplex Drive, Suite A Travasa PA 19953				Date: Salesman#: Account Manager		
Trevose, PA 19053				Account Mana	ger	
Application Fax 215-632-2961						
		New Customer Applicat	tion			
New Client: Existing Client:				Payment Terms: Credit Amount Requested:		
Opening Order:				Credit Amount Approved:		
		<b>Business Information</b>				
Name of Firm: Trade Style (D.B.A.)		DUNS#		Phone:		
Trade Style (D.B.A.)		<b>D</b> UNS#		Date Established:		
Membership in buying group	Yes	No Group name				
Address: City: Shipping Address (if different fro		<u></u>		County:		
City:	m ahava)	State:		Zip Code:		
Shipping Address (II different fro	m above)					
		Accounts Payable Informat	ion			
Contact Name:		Title		Phone:		
Billing Address (If different)		1100		Fax:	· · · · · · · · · · · · · · · · · · ·	
Billing Address (If different) City:		State:		Zip Code:		
		Email contact Information				
Order contact email		A/P contac	t email			
		<b>Business History</b>				
Number of Employees:	Annual Sales:		Resal	Resale / Exempt Tax I.D.		
Description of Business:						
1)Sole Proprietorship	2)	General Partnership	3)	Corporation		
Tax Status: Taxable:	Resale:	_(Resale Certificate Required)	Exempt:	(Exemption Certi	ficate Required)	
Please provide phone and fax	numbers for your	bank and trade references in	order for u	is to contact your reference	es without delay	
		Bank References				
Name	Address	City/Sta	te/Zip	Phone/Fax	Contact	
1						
Account Number:	Type of Account:					
		Trade References				
Name	Address Contact		ict	Phone / Fax		
1			·····			
2						
3						
The above information is provide						

The above information is provided for extending credit to our company on your terms of net 30 days. To the best of our knowledge and belief, the information is accurate and may be relied upon in making your credit decision. We authorize our bank and suppliers to furnish you any and all information necessary to complete your evaluation of our credit history.

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## ALL APPLICANTS MUST COMPLETE AND SIGN THIS SECTION

Have you ever transacted any business in any other name:	YES:	NO:
Have you ever had any suits, liens, judgements,		
Garnishments or other legal proceedings against you:	YES:	NO:

(If yes, to any of the above please state full details and attach explanation to this sheet).

## ACKNOWLEDGMENT OF FINANCIAL RESPONSIBILITY

I/We as an authorized officer / representative of the above named entity, authorize, and consent for THE PENN COMPANIES to obtain such information, they may require concerning verification of statements made in this application for credit and agree that the application shall remain the property of THE PENN COMPANIES, whether or not credit is granted. It is further understood that I/we are subject to the terms set forth by THE PENN COMPANIES and, are responsible for fees and costs of collection be agency or attorneys and suits in the event of default. I/we further understand that if payment becomes 60 days past due, delinquency charges at the lesser of the annual rate of 18%, or the maximum allowable rate, will be due on delinquent amounts from the date the payment was due.

Any disputes must be made in writing no later than 15 days from receipt of invoice or all charges will be considered valid and due. Payment terms are net 30 days from date of invoice, and THE PENN COMPANIES is not responsible for any damages incurred that are not reported within the 15 days window.

I/we consent to the aforementioned conditions and, affirm that I/we have read each of the answers given to the forgoing questions and agree that they are correct.

**Signature of Officer** 

Title

Date

Signature of Officer

Title

Date