

**Penn Emblem Company**  
**2577 Interplex Drive, Suite A**  
**Trevoose, PA 19053**

Date: \_\_\_\_\_  
Salesman#: \_\_\_\_\_  
Account Manager \_\_\_\_\_

Application Fax 215-632-2961

**New Customer Application**

New Client: \_\_\_\_\_  
Existing Client: \_\_\_\_\_  
Opening Order: \_\_\_\_\_

Payment Terms: \_\_\_\_\_  
Credit Amount Requested: \_\_\_\_\_  
Credit Amount Approved: \_\_\_\_\_

**Business Information**

Name of Firm: \_\_\_\_\_ DUNS# \_\_\_\_\_ Phone: \_\_\_\_\_  
Trade Style (D.B.A.) \_\_\_\_\_ Date Established: \_\_\_\_\_  
Membership in buying group \_\_\_\_\_ Yes \_\_\_\_\_ No Group name \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Shipping Address (if different from above) \_\_\_\_\_

**Accounts Payable Information**

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Billing Address (If different) \_\_\_\_\_ Fax: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Email contact Information**

Order contact email \_\_\_\_\_ A/P contact email \_\_\_\_\_

**Business History**

Number of Employees: \_\_\_\_\_ Annual Sales: \_\_\_\_\_ 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 Certificate Required)

**Please provide phone and fax numbers for your bank and trade references in order for us to contact your references without delay**

**Bank References**

Name	Address	City/State/Zip	Phone/Fax	Contact
1. _____				

Account Number: \_\_\_\_\_ Type of Account: \_\_\_\_\_

**Trade References**

Name	Address	Contact	Phone / Fax
1. _____			
2. _____			
3. _____			

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.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

