

Penn Emblem Company
10909 Dutton Road
Philadelphia, PA 19154

Date: _____
Salesman#: _____

Application Fax 215-632-2961

Credit Application

New Client: _____
Existing Client: _____
Opening Order: _____

Payment Terms: **Net 30 Days**
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: _____

