20-A Kulick Road Fairfield, NJ 07004

SALES 973-808-2211 **SERVICE** 973-808-2233





| CREDIT | APPLICATION | |
|--|-----------------|--------------------------|
| Legal Name: | | _ Individual Partnership |
| DBA Name: | | _ General Limited |
| Street Address: | | _ |
| City/State: | Zip Code: | Date: State: |
| Ship to Address: | Business Start | Date: |
| City/State: | Zip Code: | |
| Phone: | Fax: | |
| Is Applicant a Division Subsidiary | Other | |
| Parent Corporation Name: | | |
| Address: | Phone: | |
| COMPANY O | FFICERS/PRINCIP | ALS |
| Officer Name: | SS#: | Phone: |
| Home Address: | City/State: | Zip Code: |
| Officer Name: | SS#: | Phone: |
| Home Address: | City/State: | Zip Code: |
| Are Financial Statements Available Yes | No Fr | om Whom: |
| Annual Sales: | | |
| BANK | REFERENCES | |
| Bank Name 1: | Account #1: _ | |
| Branch Address: | Contact: | |
| City/State/Zip: | Phone: | *Fax: |
| Bank Name 2: | Account #2: _ | |
| Branch Address: | Contact: | |
| City/State/Zip: | Phone: | *Fax: |

^{*} Please Supply Fax Numbers

| TRADE REFERENCES | | | | |
|---|--|--|--|--|
| Vendor Name 1: | Account #1: | | | |
| Credit Department Contact: | | | | |
| Street Address: | | | | |
| City/State/Zip: | Phone: | *Fax: | | |
| Vendor Name 2: | Account #2: | | | |
| Credit Department Contact: | | | | |
| Street Address: | | | | |
| City/State/Zip: | Phone: | *Fax: | | |
| Vendor Name 3: | Account #3: | | | |
| Credit Department Contact: | | | | |
| Street Address: | | | | |
| City/State/Zip: | Phone: | *Fax: | | |
| * Please Supply Fax Numbers | | | | |
| TERM | S OF SALE AND CREDIT AVAILABILI | TY | | |
| | ed, Winter Scale & Equipment is authorized credit worthiness of the applying company. | | | |
| | wly formed corporation or under new man reports about proprietors, partners or princ | | | |
| | Vinter Scale & Equipment, all decisions with n of Winter Scale & Equipment. Winter Scal n. | | | |
| Terms of Sale, including price, terms of particle of each invoice. | ayment and charges, for each purchase are | agreed to be those specified on the | | |
| Any disputes to any charges must be regis | stered in writing within 5 business days fror | m receipt of any invoice. | | |
| The customer hereby agrees to pay 25% of be necessary due to non payment. | of the amount outstanding as cost of collec | tions or legal fees should such action | | |
| Any legal suits will commence in the State | e of New Jersey, and the undersigned waive | es any right to a trial by jury. | | |
| I have read the above conditions and here | eby agree to them. | | | |
| Legal Name: | Officer Signature: | | | |
| DBA Name: | Officer Name (Print): _ | | | |
| Date: | Title: | | | |