

POSNER INDUSTRIES-CREDIT APPLICATION
FAX TO: (301)350-1051 ATTN: CREDIT DEPARTMENT

BUSINESS INFORMATION

Company Name:

Company Address:

City:

State:

Zip Code:

Type of Business:

Phone:

Fax:

Tax ID:

Date Business Started:

Sole proprietorship:

Partnership:

Corporation:

Other:

CONTACT PERSON INFORMATION

Company Contact:

Email Address:

Phone:

Fax:

BANK INFORMATION

Bank Name:

Contact:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account:

Account Numbers

Savings: Yes No

Checking: Yes No

Other

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

Account Number:

Contact Person:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

Account Number:

Contact Person:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

Account Number:

Contact Person:

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize POSNER INDUSTRIES to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:

Date:

Title:

Date: