

BUSINESS CREDIT APPLICATION

Slide Free

20 Briarwood Lane
New Hartford, NY 13413
315-292-6876
Attn: Credit Division

For fast credit approval
Please fax this form to:
315-724-0943

Company Name	Type of Business	Phone Number	Fax Number
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Billing Address	Shipping Address
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City	State	Zip	City	State	Zip
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Type of Ownership: Corporation Partnership Sole proprietor Government Non-Profit
Years in business: _____
Tax Exempt? No Yes
(If yes, please include resale card with application)

Parent company names (If different than above): _____

Address	Fax Number
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City	State	Zip
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Bank References

1. _____
Name Phone Number Fax Number

Account Number _____ Contact: _____

2. _____
Name Phone Number Fax Number

Account Number _____ Contact: _____

Open Accounts References

1. _____
Name Phone Number Fax Number

Address City State Zip

2. _____
Name Phone Number Fax Number

Address City State Zip

3. _____
Name Phone Number Fax Number

Address City State Zip

AUTHORIZED SIGNATURE: _____ DATE: _____

PRINT NAME: _____ TITLE: _____

Inter Office Use Only DATE: ____/____/____

CREDIT LIMIT: _____ APPROVED BY: _____