



Business Credit Application

350 Windward Drive, Orchard Park, New York 14127
Phone: 716-631-0011 Fax: 716-677-2657

Normal Credit Terms: NET 30

National Rep:

Company Information

| | | | | |
|-------------------|--|--------|-------------------|-----------------|
| Last: | | First: | Title: | |
| Name of Business: | | | | Tax I.D. Number |
| Address: | | City: | State: | Zip: |
| Phone: | | Fax: | Years at address: | |

Ownership Information

Corporation incorporated within last 12 months Partnership Individual

| 1 | Name of Principal(s) | Complete Address | Phone | Fax |
|---|----------------------|------------------|-------|-----|
| 2 | | | | |
| 3 | | | | |

Bank References (list two)

| | |
|-------------------|-------------------|
| Institution Name: | Institution Name: |
| Bank contact: | Bank contact: |
| Account #: | Account #: |
| Address: | Address: |
| Phone: | Phone: |
| Fax: | Fax: |

Trade References (list three)

| | | |
|---------------|---------------|---------------|
| Company Name: | Company Name: | Company Name: |
| Contact: | Contact: | Contact: |
| Address: | Address: | Address: |
| Phone: | Phone: | Phone: |
| Fax: | Fax: | Fax: |

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. We fully understand the credit terms and agree to the proper payment in consideration of extended credit.

Title

Signature

Date