



Capital Supply Company
 620 12th Avenue
 New York, NY 10036
 (212) 307-6600 Fax (212) 307-4040

Sales Representative: _____ Date: _____

Credit Application

Individual or Company Name: _____

Address: _____

City, State, Zip: _____

Please check: Corporation _____ Partnership _____ Sole Proprietor _____

Business Classification: _____ Year Founded: _____

Bank References – Please include address, telephone number and contact:

1. _____ Account # _____

2. _____ Account # _____

Trade References – Please include address, telephone number and contact:

1. _____

2. _____

3. _____



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Tax exempt or resale certificate number (attach all that apply)

Person responsible for accts payable: _____ Phone #: _____

Person responsible for purchasing: _____ Phone #: _____

Do you use purchase order numbers? Yes No

Billing name and address if different from above: _____

Shipping address if different from above: _____

Special shipping instructions: _____

Application for credit is hereby made and the above reference given. It is understood that this application will be held in strictest confidence.

We understand your terms and agree to abide by them. Annual interest of eighteen percent will be charged on uncollected money beyond set terms for your account. Your firm is authorized to check references.

Signed: _____ Title: _____ Date: _____

DO NOT WRITE BELOW THIS LINE – FOR CREDIT DEPARTMENT USE ONLY

Credit: Okay Refused Terms: C.O.D. Net

Checked by: _____ Date: _____ Advance: _____