

CREDIT APPLICATION

PROVISIONS MODULAR HARDWARE

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Horseheads, New York 14845

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Web: www.provisionsmod.com

Company Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Fax _____ Email Address _____ Year Established _____

Dun # _____ Tax ID # _____

Owner/Principal/Officers Name _____ Payable Contact _____

Bank Name _____ Account # _____

Address _____ City _____ State _____ Zip _____

Contact _____ Phone _____ Fax _____

Please list four trade references with whom you have had an active account with in the last 12 months.

Company _____ Contact _____

Address _____ City _____ State _____ Zip _____

Account # _____ Phone _____ Fax _____

Company _____ Contact _____

Address _____ City _____ State _____ Zip _____

Account # _____ Phone _____ Fax _____

Company _____ Contact _____

Address _____ City _____ State _____ Zip _____

Account # _____ Phone _____ Fax _____

Company _____ Contact _____

Address _____ City _____ State _____ Zip _____

Account # _____ Phone _____ Fax _____

Signature _____ Title _____ Date _____