



491L Blue Eagle Ave, Harrisburg, PA 17112
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CREDIT APPLICATION

Legal Business Name:

DBA:

Street Address:

City/State/Zip:

Phone:

Fax:

Website:

A/P Contact Name:

A/P Contact Phone:

A/P Contact Email:

Buyer Name:

Buyer Phone:

Buyer Email:

Federal Tax ID #

Dun & Bradstreet #

Type of Business:

Proprietorship

Partnership

Corporation

Other:

State of Incorporation:

Year Business Started:

No. of Employees:

Annual Sales: \$

Expected Monthly Purchase: \$

Requested Credit Limit: \$

Sales Tax Status: End User

Resale (if for resale please attach valid resale certificate)

List all Officers, Partners, or Owners:

Name: Title: % Owned:

Name: Title: % Owned:

Bank Relationship:

Name:

Address:

Phone:

Contact Person:

Account #

Credit References (must provide 3 references, including at least one from our industry):

Company Name: _____ **No. of years using this company:** _____
Address: _____ **Account #** _____
Phone # _____ **Fax #** _____
Contact Name: _____ **Contact E-mail:** _____

Company Name: _____ **No. of years using this company:** _____
Address: _____ **Account #** _____
Phone # _____ **Fax #** _____
Contact Name: _____ **Contact E-mail:** _____

Company Name: _____ **No. of years using this company:** _____
Address: _____ **Account #** _____
Phone # _____ **Fax #** _____
Contact Name: _____ **Contact E-mail:** _____

I the undersigned, understand if our company is granted credit terms for payments, we will be responsible for any finance charges which may accrue on our account for balances over 30 days of 1.5% per month or the maximum rate allowed in customers state of residence, whichever is less. My company further agrees to pay reasonable attorney's fees and costs of collection, which may be required should my company default on payment for product received. I am authorized to sign this agreement on behalf of my company. I understand should any information I have provided be proven false, my company will not be authorized for credit.

Signature: _____

Print Name: _____

Title: _____

Date: _____