



PO Box 11 - Lafayette, NJ 07848  
973 300-9782 - Fax: 973 300-9048

## CREDIT APPLICATION

Complete the form, sign it, scan it, and e-mail the completed and signed form to [creditapplication@wirecare.com](mailto:creditapplication@wirecare.com) or fax it to (973) 300-9048. To avoid delays in processing your application, please provide complete and accurate information.

### Company Information

Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Type Of Business: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation Year Business Opened: \_\_\_\_\_  
Federal ID# or SS#: \_\_\_\_\_ Principal's Name: \_\_\_\_\_  
DUN's #: \_\_\_\_\_ Accts Payable Contact: \_\_\_\_\_ Email: \_\_\_\_\_

### Bank References

Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date Account Opened: \_\_\_\_\_

### Trade References

Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

The undersigned hereby agrees that should a credit account be opened, and in the event of default in the payment of any amount due, and if such account is submitted to a collection authority, to pay an additional charge equal to the cost of collection including court costs. The undersigned individual who is either a principal of the credit applicant or a sole proprietorship of the credit applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by the above named credit granter, from time to time as may be needed, in the credit evaluation process.

Company: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_