



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

# CREDIT APPLICATION

*The active fields in this form may be filled out on your computer for your convenience. After completing the form, print it out on your printer, sign it, and either fax it to **973 300-9048** or scan and e-mail the completed and signed form to **Michelle.Benson@WireCare.com***

## Company Information:

Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Type of Business: \_\_\_\_\_ Year Business Opened: \_\_\_\_\_  
 Federal ID# or SS#: \_\_\_\_\_ Principal's Name: \_\_\_\_\_  
 DUN's #: \_\_\_\_\_ Accts Payable Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

## 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: \_\_\_\_\_ E-mail: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

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 grantor, from time to time as may be needed, in the credit evaluation process.

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

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

Print Your Name: \_\_\_\_\_