

6650 BUSINESS PARKWAY, SUITE C ELKRIDGE, MD 21075 (410) 574-8123

Email: accounting@buntingdoor.com

Credit Application

Payment Terms: NET 30

Phone

Please type or print your information below. Please be sure to include all information and we will be glad to process your application as quickly as possible. Thank you.

ACCOUNT INFORMATION: Name of Firm or Individual Address Years at this address City State Zip Email for invoices Phone Does your company require a purchase order number on invoices? _____no ____yes Is your company tax exempt? ___ no ___yes (please attach copy of your tax exempt certificate to this form.) **OWNERSHIP INFORMATION:** ___Check here if incorporated in the past 12 months ___ Corporation ____ Partnership ___ Individual Names of Principals: Name & Title Address Phone Name & Title Address Phone **BANK INFORMATION:** Name of Bank Address

Name of Contact

Account Number

TRADE REFERENCES:

NOTE: Incomplete information or slow responses from references will delay processing. PLEASE PROVIDE PHONE/FAX OR EMAIL FOR PERSON WHO WILL PROVIDE REFERENCE AT THE REFERRING COMPANY.

	Company Name			Phone	
_	Address			Fax or Email	
-	City	State	Zip	Account Number	
	Company Name			Phone	
-	Address			Fax or Email	
-	City	State	Zip	Account Number	
_	Company Name			Phone	
_	Address			Fax or Email	
_	City	State	Zip	Account Number	
• _	Company Name			Phone	
_	Address			Fax or Email	
_	City	State	Zip	Account Number	
edi				n is correct. We fully understand your onsideration of extended credit.	
rint	Name				
		PLEASE D	OO NOT WRITE E	BELOW THIS LINE	
	Credit reque	sted by			
		(Bunting Door and Hardware, Co. Inc. Employee)			
	Credit appro	ved by			
	_ Credit refuse	•			
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