



PHONE: 716-891-4040

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CREDIT APPLICATION

Company Name: _____

Contact Person: _____

Billing Address: _____

City: _____ State/Prov: _____ Zip/Postal Code: _____

Phone: _____ Fax: _____ email: _____

Federal ID#: _____

Customs Broker (if any) _____

What documentation is required for payment of invoices? _____

Trade References: Two (2) Required:

Company: _____ Company: _____

Contact Name: _____ Contact Name: _____

Contact email: _____ Contact email: _____

Phone: _____ Phone: _____

Address: _____ Address: _____

City: _____ City: _____

State/Prov.: _____ State/Prov.: _____

Zip/PostalCode: _____ Zip/PostalCode: _____

Associated With: _____ Years

Associated With: _____ Years
