



P. O. Box 6026
 East Brunswick, NJ 08816
 Tel: (732) 257-5002 Fax: (732) 257-5003
 www.intersourceusa.com

CREDIT APPLICATION

BILLING/SHIPPING INFORMATION

Official Company Name: _____
 Bill to: _____ Ship to: (if different) _____

Main Phone: _____ Main Fax: _____ A/P Fax: _____

BUSINESS INFORMATION

Check One: () Corporation () Partnership () Proprietorship () Subsidiary of or () Division of _____

Years in Operation: _____ Type of Business: _____
 Net Worth _____ Sales Per Year _____
 D&B #: _____

A/P Manager: _____ Federal ID# : _____

PAYMENT PERSONALLY GUARANTEED? Yes No By _____ Title _____

BANK INFORMATION

Bank: _____ Contact Name: _____
 Account No. _____ Phone: _____
 Complete Address: _____

TRADE REFERENCES

Reference 1: _____ Contact: _____
 Phone No.: _____ Fax No.: _____

Reference 2: _____ Contact: _____
 Phone No.: _____ Fax No.: _____

Reference 3: _____ Contact: _____
 Phone No.: _____ Fax No.: _____

CUSTOMER'S AUTHORIZATION TO RELEASE BANK AND TRADE INFORMATION

Attention Bank and Trade References: Please provide information on all accounts listed as well as any loan information. You will be serving our interest best if you provide the information over the phone. Thank you.

I/We hereby authorize you to whom this application is made, or your agents, to investigate my/our credit worthiness and will provide financial statements, tax returns etc., as you deem necessary.

Prepared by (signature) _____ Title _____ Date _____

Please provide us with copies of all tax exemption certificates