Application for Credit

For questions regarding this application **CALL** 610-497-3300. If printing, **FAX** ba

Full Company Name: Years i Busine

Street Address: City: State:

Billing Address: City: State:

Telephone: Fax: A/P Contact Name:

Are you EDI capable? ◯ Yes ◯ No If yes: ◯ 850 P.O. ◯ 810 Invoice ◯ 820 Remittance

Business Structure

◯ Corporation ◯ Proprietorship ◯ Partnership ◯ Other:

If Incorporated, State of incorporation: Year of Incorporation:

Subsidiary: ◯ Yes ◯ No Division: ◯ Yes ◯ No Duns #:

If yes, Name & Address of Parent Company: Tax ID #:

Has business / officer ever filed for bankruptcy? ◯ Yes ◯ No

If yes, when: ◯ Chapter: 7 ◯ Chapter: 11 ◯ Chapter: 13

Name of Principal(s)	Title
1.	
2.	
3.	

Bank and / or Lender References (list all secured parties)

Name, Address, Contact Name	Phone	Acc
1.		
2.		
3.		

Trade References

Name & Address	Phone	Fax

1.

2.

3.

4.

I / We agree to make all payments within our 30 day terms with Pennsylvania Machine Works, LLC If it becomes necessary collection agency or attorney, I / We agree to bear all expenses incurred (whether or not suit is filed), including but not lim costs, and a 1-1/2% interest charge per month on all disputes goverened by the laws of Pennsylvania.

I hereby release any and all credit or financial information to Pennsylvania Machine Works, LLC; by providing my email ac accepting your conditions of sales and testifying the above information is true to the best of my knowledge.

Email address (required): **Name:** **Title:** **Date:**