

APPLICATION FOR CREDIT

TO AVOID ANY DELAY IN PROCESSING, COMPLETE IN FULL. ALL INFORMATION TO BE HELD IN CONFIDENCE.

BILL TO:

SHIP TO:

COMP. NAME: _____

NAME: _____

DIVISION or
SUBSIDIARY: _____

ADDRESS: _____

ADDRESS: _____

CITY: _____

CITY: _____

STATE: _____ ZIP: _____

STATE: _____ ZIP: _____

ATTN: _____

PHONE: () _____

FAX: () _____

GENERAL BUSINESS INFORMATION

TYPE OF BUSINESS: _____

ARE YOU SALES and/or USE EXEMPT? NO YES - If yes, please provide your certificate number below.

CERTIFICATE #: _____

D.B.A. INDIVIDUAL PARTNERSHIP CORPORATION

YEARS IN BUSINESS: _____ YEAR OF INC. _____ STATE OF INC. _____ CERTIFICATE # _____

OFFICER'S NAME: _____ TITLE: _____ ACCOUNTS PAYABLE CONTACT:
NAME: _____

PHONE NO: () _____ EXT: _____

BANK REFERENCE

BANK NAME: _____ HANDLING OFFICER: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: () _____

CHECKING ACCT #: _____ SAVINGS ACCT #: _____ OTHER: _____

BUSINESS CREDIT REFERENCES (LIST A MINIMUM OF THREE)

	NAME	ADDRESS, UNIT, CITY, STATE, ZIP	PHONE
1)	_____	_____	() _____
2)	_____	_____	() _____
3)	_____	_____	() _____
4)	_____	_____	() _____

We certify that all the information on this form is correct and that we fully understand your credit terms and agree to the proper payment in consideration of extended credit.

Name: _____ Title: _____

Date: _____ / _____ /20_____ Signed: _____

A. HERSCHLAG INC.

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