



BUSINESS CREDIT APPLICATION

CONTACT INFORMATION

YOUR NAME	TITLE
EMAIL	PHONE

BUSINESS INFORMATION AS REGISTERED

COMPANY NAME		
ADDRESS		PHONE
CITY	STATE	ZIP CODE
LENGTH OF TIME AT CURRENT ADDRESS: _____ YEARS _____ MONTHS		
TYPE OF BUSINESS: SOLE PROPRIETORSHIP PARTNERSHIP LLC CORPORATION OTHER		

BANK INFORMATION

BANK NAME		CONTACT NAME
ADDRESS		PHONE
CITY	STATE	ZIP CODE
TYPE OF ACCOUNT		ACCOUNT NUMBER
SAVINGS		
CHECKING		
OTHER		

BUSINESS REFERENCES

Please provide us three other companies your business has established credit with previously

1 COMPANY		CONTACT NAME
PHONE		EMAIL
ADDRESS		TITLE
CITY	STATE	ZIP CODE
COMMENTS		

2 COMPANY		CONTACT NAME
PHONE		EMAIL
ADDRESS		TITLE
CITY	STATE	ZIP CODE
COMMENTS		

704 RT. 6 | MAYFIELD | PA 18433

P: 570.876.1369 F: 570.876.5207 E: sales@njsco.com



BUSINESS REFERENCES

Continued from previous page...

3 COMPANY		CONTACT NAME	
PHONE		EMAIL	
ADDRESS		TITLE	
CITY	STATE	ZIP CODE	
COMMENTS			

CREDIT AGREEMENT

1. All invoices must be paid within 30 days of the date issued.
2. Any claims regarding an invoice issued must be made within 7 days of the date issued.
3. You authorize inquiry into the banking and business references provided within this application.

COMPANY REPRESENTATIVES

1 SIGNATURE		TITLE	
NAME		DATE	
2 SIGNATURE		TITLE	
NAME		DATE	

NOTES & COMMENTS