



## CREDIT APPLICATION

Please type or print legibly. Incomplete or inaccurate information will delay processing of your application.

**PLEASE NOTE:** First order requires a 50% deposit when job is placed and balance due upon delivery of job.

Company Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Type of Business: \_\_\_\_\_ Name of Officer(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

Owner / Controller Contact: \_\_\_\_\_

Type of Business (check one)  Corporation  Partnership  Sole Proprietor

Taxable (check one):  Yes  No Tax Exempt Number: \_\_\_\_\_

**IF TAX EXEMPT, PLEASE ATTACH A TAX EXEMPT FORM IF NOT YOU WILL BE RESPONSIBLE FOR ANY TAXES DUE.**

### ***BANK REFERENCE:***

Bank: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Account #: \_\_\_\_\_

### ***TRADE REFERENCES:***

#### **Reference 1**

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

#### **Reference 2**

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Reference 3**

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

*PLEASE RETURN TO:*

**ALLIANCE BUSINESS SYSTEMS, INC.**

501 Abbott Drive

Broomall, PA 19008

Credit Manager: Lisa Garber

PHONE #: (610) 544-8188 FAX #: (610) 544-8388

E-mail: lisag@allianceinc.com

***I Have Read & Agree To The Release Of All Information Pertaining To This Credit Reference***

Signature: \_\_\_\_\_

Title: \_\_\_\_\_