



**PSC Locations:** Bensalem Division: Fax to: (215) 633-9121 · York Division: Fax to: (717) 767-2548  
New England Division: Fax to: (203) 729-3335 · Allentown Division: Fax to: (610) 432-3781  
North Carolina Division: Fax to: (704) 865-0512 · Virginia Division: Fax to: (804) 897-2460  
Long Island Division: Fax to: (516) 597-5037 Erie Metals Division: Fax to: (440) 243-9804

**PSC REPRESENTATIVE'S NAME ASSISTING YOU TODAY:** \_\_\_\_\_

**CREDIT APPLICATION**

**Company Name** \_\_\_\_\_

**Billing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Shipping Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Fax** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Accounts Payable Contact** \_\_\_\_\_ **Buyer Contact** \_\_\_\_\_

**Receiving Hours** \_\_\_\_\_ **Maximum Bundle Weight** \_\_\_\_\_ **Method of Unloading** \_\_\_\_\_

\* Material Certifications required with shipment: (check one) Yes  No

\***Ownership:** Sole Proprietorship  Partnership  Corporation  **NAICS CODE** \_\_\_\_\_ **SIC CODE** \_\_\_\_\_

**Date Established** \_\_\_\_\_ **Number of Employees** \_\_\_\_\_ **Type of Business** \_\_\_\_\_

**Company Owner Name** \_\_\_\_\_

**Principle** \_\_\_\_\_ **Principle** \_\_\_\_\_  
 (Name) (Title) (Name) (Title)

\* Has the company or any associated company ever been bankrupt? (Check one) Yes  No

\*\*\***TAXABLE:** Yes \_\_\_\_\_ No \_\_\_\_\_ \*Federal Tax ID Number \_\_\_\_\_ - \_\_\_\_\_

\*\*\* **A TAX EXEMPT CERTIFICATE MUST BE COMPLETED & RETURNED WITH THIS FORM IN ORDER TO PROCESS APPLICATION** \*\*\*

\* **Trade References:** (Suppliers of major products and services with recent activity.)

1) **Company:** \_\_\_\_\_ **Phone#** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Fax#** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **A/R Contact Name** \_\_\_\_\_

2) **Company:** \_\_\_\_\_ **Phone#** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Fax#** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **A/R Contact Name** \_\_\_\_\_

3) **Company:** \_\_\_\_\_ **Phone#** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Fax#** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **A/R Contact Name** \_\_\_\_\_

\* **Bank Reference:** (check those that apply) Checking  Savings  Available line of credit \$ \_\_\_\_\_

**Bank Name** \_\_\_\_\_ **Address** \_\_\_\_\_

**Telephone #** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Contact Name** \_\_\_\_\_

\* Application completed by \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (Print Name) (Title) (Date)

\* **Applicants Signature** \_\_\_\_\_

**FOR COMPANY USE ONLY**

**Credit limit** \$ \_\_\_\_\_ **Approved By** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **IM** \_\_\_\_\_

**Inside Sales** \_\_\_\_\_ **Outside Sales** \_\_\_\_\_ **Notes:** \_\_\_\_\_