



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

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:** _____