



CONFIDENTIAL CREDIT APPLICATION

Please return application to Attn: Mr. Alan Kanoff-President Fax: 856-342-6677
Please Print or Type

Contact: _____ Fax: _____
Company Name: _____
Billing Address: _____
Shipping Address _____
Type Of Business: _____

Proprietorship _____ Partnership _____ Corporation _____ Date EST _____
Telephone _____ Fax _____ Sales Tax # _____
Tax Status _____ Taxable _____ Exempt: Copy of Tax Cert Required
D & B Acc't # _____
Principal/Owners Titles Percentage of Ownership

Bank: _____ Acct # _____
Phone: _____ Contact: _____
Fax#: _____

TRADE REFERENCES:

1. _____ Phone#: _____ Fax#: _____
Address: _____ City _____ State _____ Zip _____
2. _____ Phone#: _____ Fax#: _____
Address: _____ City _____ State _____ Zip _____
3. _____ Phone#: _____ Fax#: _____
Address: _____ City _____ State _____ Zip _____

We affirm that all information for the purpose of obtaining credit either given herein or attached is tried and true and we explicitly authorize the release of credit information for the reference provided. We fully understand your credit terms, and agree to proper payment in consideration of extending credit, and we further understand the seller reserves the right to ask for COD payments if payment conditions have changed. We further agree that if any payment is not made when due or any amount is turned over for collection or suit is filed thereon or proceeding are held in probate bankruptcy receivership, arrangement, or other legal proceedings for collection any such amount, to pay cost and expenses of collection, including reasonable attorney fees and interest at a rate of 2% above prime.

AUTHORIZED

Signature: _____ Title _____ Date _____

New Jersey: 2500 Broadway
Drawer #14 – Building E
Camden, NJ 08104

West Columbia: 839 Williams Street
West Columbia, SC 29169

TELEPHONE : 856-3427100

Fax: 856-342-6677