



448 Passaic Ave
Kearny, New Jersey 07032-1206
Tel: (201) 991-8866 Fax: (201) 991-4111

Credit Application for Open Account Terms

Date: _____

Legal Name under which Business is operated: _____

Principal Place of Business: _____

City: _____ State: _____ Zip: _____

Mailing address [if different]: _____

City: _____ State: _____ Zip: _____

Business Tel. No: _____ Fax Tel. No: _____

Type of Company: _____ Years in Business: _____

Contact Person: _____ Title: _____

Tax Exempt Number: _____

On the next page, we ask that you complete all three (3) trade references, along with your bank information. Please complete addresses and telephone numbers so that we may contact references for credit information effectively.

If for re-sale purposes, we require a copy of your company's Re-Sale Certificate. Thank you for your cooperation.

Bank References

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Title: _____
Telephone No: _____ Fax No: _____
Account No. _____ Type: _____

Trade References

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone No: _____ Fax No: _____
Contact Person: _____ Title: _____
Years doing business with: _____

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone No: _____ Fax No: _____
Contact Person: _____ Title: _____
Years doing business with: _____

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone No: _____ Fax No: _____
Contact Person: _____ Title: _____
Years doing business with: _____

Completion of this application in no way implies acceptance, Should an open account be granted, it is expressly understood that all invoices are to be paid in full within thirty (30) days of the original invoice date, It is agreed and understood that we grant permission to contact these references for confidential credit information, with the purpose of granting an open account terms with Santoolz, Inc.

Applicants Signature And Title Date