

# WARWICK INDUSTRIES INC.

## APPLICATION FOR CREDIT

DATE: \_\_\_\_\_

ACCOUNT NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

YEARS IN BUSINESS: \_\_\_\_\_ ANNUAL SALES : \_\_\_\_\_ EMPLOYEES: \_\_\_\_\_

TYPE OF OWNERSHIP:            CORPORATION (Y) (N)            INCORPORATED WITHIN PAST 12 MONTHS (Y) (N)  
   PARTNERSHIP (Y) (N)            INDIVIDUAL (Y) (N)

NAME(S) OF PRINCIPAL(S): \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SALES TAX EXEMPTION STATUS (Y) (N)    NUMBER: \_\_\_\_\_

### BANK REFERENCE:

NAME OF BANK: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

CONTACT OFFICER:\*\* \_\_\_\_\_ TEL: \_\_\_\_\_ FAX: \_\_\_\_\_

### **CURRENT NON-COMPETITIVE TRADE REFERENCES: ( NEED 3 OF THEM )**

NAME: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_ Current Credit Line: \$ \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ TEL: \_\_\_\_\_ FAX: \_\_\_\_\_

NAME: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_ Current Credit Line: \$ \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ TEL: \_\_\_\_\_ FAX: \_\_\_\_\_

NAME: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_ Current Credit Line: \$ \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ TEL: \_\_\_\_\_ FAX: \_\_\_\_\_

\*\*\*Your Account Payable Name: \_\_\_\_\_ Email: \_\_\_\_\_

WE CERTIFY THAT ALL THE INFORMATION ON THIS FORM IS CORRECT. WE FULLY UNDERSTAND YOUR CREDIT TERMS AND AGREE TO THE PROPER PAYMENT IN CONSIDERATION OF EXTENDED CREDIT.

SIGNED: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE FAX THIS FORM BACK TO 1-800-524-0579 THANK YOU.**

Please also attached your Resale Certificate with this form.