



CREDIT APPLICATION

Date: _____

Account# _____

Company Information

Legal Name _____	Phone _____
DBA (if different) _____	Fax _____
Address _____	Website _____
_____	State _____ Zip _____
Shipping Address (not a PO Box) _____	_____
_____	_____
Type of Company: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Nonprofit <input type="checkbox"/> Other (specify)	
State of Incorporation _____	Years In Business _____
Purchase Orders Required? _____	Federal Tax ID# _____
Accounts Payable Contact:	
Name _____	Phone _____ Email _____
Purchasing Contacts:	
Name _____	Phone _____ Email _____
Tax Exempt? Attach any tax exemption certificates to this form.	

Ownership Information

****List principals and their positions in the company.**

Name _____	Title _____
Name _____	Title _____
Name _____	Title _____
Name _____	Title _____

Trade References

**Fax #'s are required.

Name _____ Phone _____ Fax _____

Name _____ Phone _____ Fax _____

Name _____ Phone _____ Fax _____

Bank References

Bank Name _____ Phone _____

Address _____ Fax/Email _____

Contact Name _____ Contact Phone/Ext. _____

Has any officer or owner of the company had a credit account or, currently have another credit account with Pettigrew Specialty? Yes/No If yes, under what name(s)

Agreement

By signing below, I certify that I have the authority to bind the company to this agreement and that I agree to the terms of sale (NET 30) of Pettigrew Specialty Company Inc.

I also agree and accept that the credit limit and terms may be changed or withdrawn at the sole discretion of the creditor. Creditor shall include company subsidiaries, related companies and assigns.

The information given herein is offered as part of a request by the applicant for an extension of credit for commercial business use. The information provided here by the applicant is true, correct and complete. The applicant authorizes PSC, Inc. to investigate all credit references and other sources pertaining to the credit history and financial responsibility. The undersigned authorizes its banks and trade references to provide PSC, Inc. with complete information for the purpose of this evaluation.

Signature _____

Print Name _____

Date _____