

CREDIT APPLICATION

Contact Info

Company Name:

Address:

City, State, Zip:

Telephone:

Fax:

Email:



1209 West Lehigh St.
Bethlehem, PA 18018
Phone 610-867-1401
Fax 610-866-1433
Email: info@breykrause.com

Business Description

Type of Business: (Sole Owner, Partnership, Corporation)

Years in Business:

Federal Tax ID#:

State Sales & Use Tax Registration#:

Partners or Corporate Officer:

1.) Name & Title:

2.) Name & Title:

3.) Name & Title:

Banks

1.) Bank Name:

Account#

Contact:

Phone#

2.) Bank Name:

Account#

Contact:

Phone#

Trade References

1.) Trade Reference:

Contact:

Phone#

Fax#

2.) Trade Reference:

Contact:

Phone#

Fax#

3.) Trade Reference:

Contact:

Phone#

Fax#

I certify that the information provided above is true. The information is to be used to establish an account.

Signed:

Title:

Date: