



Stamped Fittings

INCORPORATED

CREDIT APPLICATION

Credit Amount Requested: _____

Legal Name: _____	D & B #: _____
Billing Address: _____	
Shipping Address: _____	
(STREET)	(CITY) (STATE) (ZIP) (COUNTY)
Business Phone #: _____ ext. _____	
Business Fax#: _____ ext. _____	
Type of Business: () Partnership () Corporation () Proprietorship	
Principles: _____	Title: _____
_____	Title: _____
Accounts Payable Contact: _____	
E-mail Address: _____	Web Site: _____
Tax Exempt #: _____ (Please enclose Resale or Tax Exempt Certificate).	
Years in Business: _____	

Bank References:

Bank Name: _____	Account #: _____
Bank Address: _____	Contact: _____
_____	Phone #: _____
_____	Fax #: _____

Trade References:

Company Name: _____
Address: _____
Phone: _____ Fax: _____ Contact: _____
Company Name: _____
Address: _____
Phone: _____ Fax: _____ Contact: _____
Company Name: _____
Address: _____
Phone: _____ Fax: _____ Contact: _____

Terms:

**NET 30 DAYS UNLESS OTHERWISE STATED ON INVOICE.
ACCOUNTS PAST DUE 45 DAYS WILL BE REVIEWED FOR POSSIBLE CREDIT HOLD.**

The undersigned applicant agrees that all invoices and monthly statements are conclusive and accurate in all respects unless the undersigned purchaser notifies Stamped Fittings, Inc. within 10 days of receipt of the invoices or statements.

Signed: _____ Title: _____ Date: _____

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