Stamped Fittings
INCORPORATED

Applicant Information:

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: _____

FEIN#:_____

NYS Tax Exempt #: _____ **(Please enclose Exempt Certificate if NYS only).**

Years in Business: _____

Bank References:

Bank Name: _____ Account #: _____

Bank Address: _____Contact: _____
_____ Phone #: _____
Fax #: _____

Trade References: **Must have fax number and/or email address**

Company Name: _____
Address: _____
Phone: _____ Fax: _____ Email: _____ Contact_____

Company Name: _____
Address: _____
Phone: _____ Fax: _____ Email: _____Contact_____

Company Name: _____
Address: _____
Phone: _____ Fax: _____ Email: _____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: _____

217 Lenox Avenue, Elmira Heights, NY 14903
www.stampedfittings.com Phone: 607-733-9988 Fax: 607-733-9967