



CREDIT APPLICATION

Business Name _____

Billing Address

Street _____ City _____ State _____ Zip _____

Phone() _____ Fax () _____ E-Mail Address: _____

Type of Business: _____

Names of officers/Partners/Principals (include title):

1. _____

2. _____

Contact Name : _____

Dun & Bradstreet Number _____

Important Notes: For better, faster service, please complete all fields including account and fax numbers for all references. We do require all four references. Be sure to use references that will provide information, if unsure, please check with them.

Name and Address of four Credit References

1.) Name _____ Acct# _____ 2.) Name _____ Acct# _____

Street _____ Street _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Contact Name: _____ Contact Name: _____

Phone() _____ Fax () _____ Phone() _____ Fax() _____

3.) Name _____ Acct# _____ 4.) Name _____ Acct# _____

Street _____ Street _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Contact Name: _____ Contact Name: _____

Phone() _____ Fax () _____ Phone() _____ Fax() _____

Bank Info: Principal Bank _____ Phone() _____

Street _____

City _____ State _____ Zip _____

Tax Exempt Number (Please fax certificate) _____

Order address: PO Box 3171, S. Hackensack NJ 07606

Tel# 1-800-Valiant Fax# 1-800-453-6338