



Taylor-Wharton

4718 Gettysburg Rd. #300
Mechanicsburg, PA 17055
Tel: 717.763.5069
Fax: 717.506.7873

Credit Application and Agreement

(This must be completed and signed for prompt processing)

(Page 1 of 2)

Company Name: _____ **Phone:** _____

Physical Address: _____ **Fax:** _____

_____ **E-Mail:** _____

Mailing Address: _____ **Website:** _____

_____ **D&B #:** _____

Type of Business (check one):

LLC CORPORATION PARTNERSHIP PROPRIETORSHIP LLP

Date of Incorporation: _____ **Federal ID #:** _____

State of Incorporation: _____ **State ID #:** _____

<u>Company Officers/Principals:</u>		
<u>Name</u>	<u>Title</u>	<u>Social Security #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

The undersigned, being either a principal of the credit applicant, or a sole proprietorship, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by Taylor-Wharton from time to time as may be needed, in the credit evaluation process

<u>Name</u> (Print)	<u>Signature</u>
_____	_____
_____	_____
_____	_____

Accounts Payable Contact: _____ **Phone:** _____

_____ **E-Mail:** _____

Purchasing Contact: _____ **Phone:** _____

_____ **E-Mail:** _____

State Sales Tax

(Required for all sales within United States)

Taxable Tax Exempt (a)

(a) Exempt States: _____

(List above each state in which company is exempt from State Sales Taxes)

If purchases are to be exempt from state sales tax, a signed and dated exemption certificate made out to **TAYLOR-WHARTON** must be included for every state to which you intend to have products shipped. In the absence of a tax exempt certificate, customer agrees to pay any sales taxes invoiced by Taylor-Wharton.

Has the Company or any of its Officers/Principals ever filed bankruptcy? Yes No

Please fax the completed and signed pages to **Taylor-Wharton Credit Department** at **717-506-7873**



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Company Name: _____

Address: _____ Credit Limit Requested: _____

Bank References:

Lending Bank Name: _____ Loan Account # : _____

Address: _____ Loan Account # : _____

_____ Loan Account # : _____

Loan Officer: _____ Phone : _____

Email: _____ Fax: _____

Deposit Bank Name: _____ Deposit Account # : _____

Address: _____ Deposit Account # : _____

_____ Deposit Account # : _____

Contact Person: _____ Phone: _____

Email: _____ Fax: _____

Vendor References:

Company Name: _____ Phone: _____

Account Number: _____ Fax: _____

Address: _____ Email: _____

Company Name: _____ Phone: _____

Account Number: _____ Fax: _____

Address: _____ Email: _____

Company Name: _____ Phone: _____

Account Number: _____ Fax: _____

Address: _____ Email: _____

AUTHORIZATION TO RELEASE ACCOUNT INFORMATION

The undersigned hereby authorizes the above to release the account information requested by Taylor-Wharton :

Company Name and Address:

Authorized By (sign):

Name and Title (print):

Date Signed:

By signing above, the Company agrees to pay according to the terms and conditions specified on Taylor-Wharton invoices, and further agrees not to take any unauthorized deductions or discounts beyond terms. Any payments made beyond terms will be subject to late payment charges.

Please fax the completed and signed pages to **Taylor-Wharton credit department** at **717-506-7873**