## ReCeil It/1800ceiling.com 555 Oak Street

Copiague, NY 11726

Email to: sales@1800ceiling.com Credit Application Form

Please complete, sign, and return this form along with your Credit References

Fax Forms and Purchase Orders to 631-980-7668

Billing Address:				Office Address:			
Company Name			Company Name				
Attention			Attention				
Street Address			Street Address				
City, State, Zip			City, State, Zip				
Telephone				Telephone			
Email				Email			
		Genera	al Inform	ation			
Federal Tax ID No. Company Composition				ion 🗌 Sub-Cha	Corporation State of:		
Dun & Bradstreet (D&B) No.	At Present Location Since Date		Are Premises leased?  Yes No			Desired	
Principal / Owner		Title	Email			Phone No. & Extension	
		Orderir	ng Inforn	nation			
Are Written Purchase Orders Required?  Second Secon			? Resale No. (if for resale, please provide Copy of Certificate) No				
Purchasing Agent		ax	Email			Phone No. & Extension	
Accounts Payable Contact		ах	Email			Phone No. & Extension	
		Bank	Informa	tion			
Bank Name	S 5-48/4-8/1		Bank Contact Officer			Phone No. & Extension	
Bank Address		Sity	State	Zip	Type of Account and Account No.		
		Terms a	and Con	ditions			
All accounts are COD until a credi not paid in full when due, the unde bear interest at the lesser rate of 1	ersigned agrees to	been completed, review o pay all costs of collecti	ed, and appi ion, including	oved. If any indebt g a reasonable atto	rneys fee. Any bala		
		Acceptan					
Signing this agreement indicates y inquiries necessary to process this	our acceptance of Credit Application	of the terms and condition			authorizeReceil lt/1	800ceiling to make any and all	
Name of Authorized Representative							
Agreed and Accepted, Signed				Extension	Date		