

# EIC SOLUTIONS INC.

700 VETERANS WAY SUITE 200, WARMINSTER, PA 18974

PHONE: 215-443-5190 FAX: 215-443-9564

## CREDIT APPLICATION

Date: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Year established: \_\_\_\_\_

Corporation: \_\_\_\_\_ Partnership: \_\_\_\_\_ Sole Proprietorship: \_\_\_\_\_

Tax ID # \_\_\_\_\_

Approx. order value: \_\_\_\_\_

### **BANK REFERENCE – NAME & FULL ADDRESS**

1. \_\_\_\_\_ Account #/Contact \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Fax # \_\_\_\_\_

### **TRADE REFERENCES (FULL NAME & ADDRESS)**

1. \_\_\_\_\_ Account #/Contact \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Fax # \_\_\_\_\_

2: \_\_\_\_\_ Account #/Contact \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

3: \_\_\_\_\_ Account #/Contact \_\_\_\_\_

\_\_\_\_\_ Fax # \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

To the best of my knowledge, all the above information is correct. I authorize you to contact the references furnished to obtain sufficient and satisfactory credit information.

APPLICANT \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

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