



**2430 NORTH FOREST ROAD, SUITE 125
GETZVILLE, NY 14068
CREDIT APPLICATION**

Company name: _____ Telephone: _____ Fax: _____
Street: _____ City: _____
State: _____ Zip: _____ Sales Tax Exemption No.: _____
(Please attach copy of certificate)
Type of Company: Corporation _____ Partnership _____ Sole Proprietorship _____ Other _____
Federal EIN or Social Security No.: _____ Years in business: _____
Are you a division of another company? _____ If yes, Parent name and address _____
President / Owner name: _____ Email: _____
Accounts Payable Contact: _____ Accounts Payable Telephone: _____
Accounts Payable Contact Email: _____ Email address to send invoices: _____
Salesperson: _____ Estimated amount of first order: _____

**THE FOLLOWING INFORMATION MUST BE PROVIDED IN FULL.
PLEASE PROVIDE TRADE REFERENCES CURRENTLY PROVIDING CREDIT IN AN AMOUNT EQUAL TO OR GREATER THAN THE
CREDIT LINE REQUESTED.
REQUESTED CREDIT LINE _____**

1. Company: _____ Telephone: _____
Street: _____ Email: _____
City: _____ State: _____ Zip: _____
Product or service purchased: _____ High Credit: _____
2. Company: _____ Telephone: _____
Street: _____ Email: _____
City: _____ State: _____ Zip: _____
Product or service purchased: _____ High Credit: _____
3. Company: _____ Telephone: _____
Street: _____ Email: _____
City: _____ State: _____ Zip: _____
Product or service purchased: _____ High Credit: _____
4. Bank: _____ Loan Officer: _____
Street: _____ City, State Zip: _____
Telephone: _____ Email: _____

AGREEMENT:
The undersigned applicant understands and agrees that, upon approval of credit, prompt payment in accordance with Empire Emco, Inc.'s terms of Net 30 days is expected and agrees to pay all reasonable fees that may be incurred in any collection effort, including reasonable attorney's fees whether before or after suit. The undersigned consents to the release of credit history.

Signature: _____ Name: _____
Title: _____ Date: _____