

# CREDIT APPLICATION

T. Frank McCall's, Inc.

601 Madison Street

Chester, PA 19016

Phone-610.876.9245 Fax- 610.876.9189

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

Salesmen # & Name \_\_\_\_\_

\*All information will be kept confidential. Application must be filled out completely.

Business Name: \_\_\_\_\_

Principal Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Social Security# \_\_\_\_\_

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

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

City, State & Zip: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Accts Payable Contact: \_\_\_\_\_

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

Accts Payable Phone: \_\_\_\_\_

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

Tax Exempt # \_\_\_\_\_

Dunn & Bradstreet # (if applicable) \_\_\_\_\_

(please include a copy of certificate)



## Trade References

\* Must have FAX numbers for all three references:

Company Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

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

Contact Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

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

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

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

High Credit: \_\_\_\_\_

High Credit: \_\_\_\_\_

Terms: \_\_\_\_\_

Terms: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_

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

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

High Credit: \_\_\_\_\_

Terms: \_\_\_\_\_



## Bank References

Bank Name: \_\_\_\_\_

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

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

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

Contact Name: \_\_\_\_\_

Account # \_\_\_\_\_

*The owner guarantees that all purchases made by this business as shown on this application. All of the information on this credit application is furnished on a confidential basis in support of this request to make commercial purchases on credit terms. The undersigned certifies this information to be true and understands that any information omitted may cause this request for credit to be denied. It is further agreed that the undersigned will pay any collection expense including attorney fees that may become necessary to effect collection of the account*

**AUTHORIZED SIGNATURE**

**TITLE**

**DATE**

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