



706 Executive Blvd.  
Cottage, NY 10989

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### CREDIT APPLICATION

Company name:

Phone:

Fax:

E-mail:

Billing Address:

City:

State:

ZIP Code:

Accounts Payable Contact:

Year Established:

D&B:

Federal ID number:

Nature of Business:

Sole Proprietor:

Corporation:

Limited Partnership:

Principal/Partner/Officer:

Title:

### BANK REFERENCE

Bank Name:

City:

State:

ZIP Code:

Contact:

Telephone:

Fax:

E-mail:

City:

State:

ZIP Code:

Type of account

Account number

Savings

Checking

### BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Contact:

Account Number:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Contact:

Account Number:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Contact:

Account Number:

### AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Supplynet, Inc. to make inquiries into the banking and business/trade references that you have supplied.

### SIGNATURES

Title:  
Date:

Title:  
Date: