

PRODUCT IDENTIFICATION & PROCESSING SYSTEMS, INC.

10 Midland Avenue, Ste. M-02, Port Chester, NY 10573
Phone: (212) 996-6000 Fax: (212) 410-7754

CREDIT APPLICATION

GENERAL INFORMATION:

DATE: _____

Legal Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax Number: _____ Web Address: _____

PLEASE CHECK ONE: Individual Partnership Corporation

Federal Tax ID #: _____

BILLING INFORMATION:

Firm Name: _____

Contact Name: _____ Email Address: _____

Street Address: _____ Phone: _____

City, State & Zip Code: _____ Fax Number: _____

SHIPPING INFORMATION:

Firm Name: _____

Contact Name: _____ Email Address: _____

Street Address: _____ Phone: _____

City, State & Zip Code: _____ Fax Number: _____

TRADE REFERENCES: (3 required)

Company Name: _____ Contact Name: _____

Address: _____ Email Address: _____

City, State & Zip Code: _____

Phone: _____ Fax Number (required): _____

Company Name: _____ Contact Name: _____

Address: _____ Email Address: _____

City, State & Zip Code: _____

Phone: _____ Fax Number (required): _____

Company Name: _____ Contact Name: _____

Address: _____ Email Address: _____

City, State & Zip Code: _____

Phone: _____ Fax Number (required): _____

BANK REFERENCE:

Bank Name: _____ Contact Name: _____

Address: _____ Email Address: _____

City, State & Zip Code: _____ Account Number: _____

Phone: _____ Fax Number (required): _____