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**APPLICATION FOR CREDIT**

COMPANY NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

PERSON RESPONSIBLE FOR A/P: \_\_\_\_\_ A/P EMAIL ADDRESS: \_\_\_\_\_

BUSINESS STYLE: \_\_\_\_\_ CORP. \_\_\_\_\_ PART. \_\_\_\_\_ INDIV. TYPE \_\_\_\_\_

ID # \_\_\_\_\_ SS # \_\_\_\_\_ DATE EST \_\_\_\_\_

PRINCIPALS: \_\_\_\_\_  
 Name Title Name Title

TAX EXEMPT: \_\_\_\_\_ YES\* \_\_\_\_\_ NO \*If exempt, please submit tax exempt form.

REFERENCES: **PLEASE INCLUDE FAX NUMBERS – THANK YOU!**

TRADE: 1. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_ ACCT # \_\_\_\_\_

2. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_ ACCT # \_\_\_\_\_

3. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_ ACCT # \_\_\_\_\_

4. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_ ACCT # \_\_\_\_\_

BANK: 1. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_ ACCT # \_\_\_\_\_

**WE UNDERSTAND YOUR TERMS ARE NET 30 DAYS & WE AGREE TO ABIDE BY THEM.**

\_\_\_\_\_  
 SIGNATURE (Required)

\_\_\_\_\_  
 DATE

INTERNAL USE ONLY: Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_