

CREDIT APPLICATION

G & F SUPPLY
42 Richmond Terrace, Suite 201
Staten Island, NY 10301
Tel: 718-273-5702
Fax: 718-273-5704

Business Name _____

Business Address (Physical) _____

Business Address (Mailing) _____

Telephone No.: (____) _____ - _____ Fax No.: (____) _____ - _____

Contact Name _____ E-mail _____

Entity
Proprietorship Partnership Corporation Other _____ State of Incorporation _____ Date _____

Nature of Business _____ Years in Business _____

Federal Tax Identification for Business (if applicable) _____ - _____ D&B Rating _____

Duns (D&B) Number _____ - _____ - _____ Do you qualify for any tax exemptions? Yes / No

If Yes, please attach Exemption Resale Certificate

Parent Company Name (if applicable) _____

Principal's Name _____ Social Security # _____ - _____ - _____

Home Address _____

TRADE REFERENCE (list all of the following: name/city/state/telephone no. /fax no.)

1. _____

2. _____

3. _____

BANK REFERENCE

Name _____ Account Officer _____

City/State _____ Telephone _____

Checking Account Number _____

Authorized Signature _____ Title _____ Date : _____

Revised January 2011