



200 Fillpoint Drive φ Mechanicville, New York 12118  
Phone: 518-899-6200 φ Fax: 518-899-6300

### Application for Credit

Date of Application: \_\_\_\_\_

What terms are you applying for? (Please check only 1)

Net 10 Days      COD/Company Check      COD/Certified Check

Desired line of credit \$ \_\_\_\_\_

#### Company Information

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

d/b/a: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

#### Type of Business

Corporation      Partnership      Sole-Proprietorship      LLC

Date Business Started: \_\_\_\_\_ Date Incorporated: \_\_\_\_\_

Resale Number: \_\_\_\_\_ (You Must Attach Certificate)      State: \_\_\_\_\_

Number of employees: \_\_\_\_\_

Owner: \_\_\_\_\_

Partner: \_\_\_\_\_

Partner: \_\_\_\_\_

President: \_\_\_\_\_

Vice President: \_\_\_\_\_

Secretary: \_\_\_\_\_

Treasurer: \_\_\_\_\_





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**BANK INFORMATION MUST BE INCLUDED WITH APPLICATION REGARDLESS OF  
PAYMENT PREFERENCE**

Bank Name or Branch: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Checking Account #: \_\_\_\_\_  
Savings Account #: \_\_\_\_\_

**Vendor References**

*Supplier*

Name: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Account #: \_\_\_\_\_ Contact: \_\_\_\_\_

*Supplier*

Name: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Account #: \_\_\_\_\_ Contact: \_\_\_\_\_

*Supplier*

Name: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Account #: \_\_\_\_\_ Contact: \_\_\_\_\_

The above named firm hereby makes application for credit and provided the information contained herein, which is warranted to be true and correct, for the purpose of inducing Fillpoint to make periodic sales of product to it on credit. In consideration thereof, it is agreed and understood that: (1) the undersigned is an authorized agent of the applicant and is duly empowered to enter into and make binding agreements on its behalf; (2) all account balances are payable in full with invoice terms; (3) any orders exceeding the credit line will be shipped on a COD basis; (4) in the event of default of payment when due, all cost of collection, including attorney's fees and court costs, shall be paid by the applicant.

**I HEREBY GIVE AUTHORIZATION TO MY BANK AND SUPPLIERS TO RELEASE ANY  
INFORMATION REQUESTED BY FILLPOINT**

**MUST BE SIGNED BY CORPORATE APPLICANT OFFICER OR OWNER:**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_