

931 South Matlack Street • West Chester, PA 19382 • 800.355.2676 • FAX 610.918-7173

We hereby apply for credit and certify that the information is correct. Our understanding is that this information is for use by your credit department only, and will be held in the strictest confidence. TO AVOID ANY DELAY IN PROCESSING, PLEASE COMPLETE ALL INFORMATION IN FULL.

Company or Business Name \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

If Subsidiary - please indicate parent company name \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

DBA.  Corporation  Partnership  Individual

EIN# \_\_\_\_\_

Number of years business conducted under this name \_\_\_\_\_

Number of years business conducted at your present address \_\_\_\_\_

Principal product or service \_\_\_\_\_

Are you sales and/or use tax exempt?  Yes — if yes, must provide certificate  
 No

(NOTE: Tax will be charged without certificate)

Name and title of officers:

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Accounts payable contact: Name \_\_\_\_\_

Phone #(\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

### BANK REFERENCES:

A) Bank Name \_\_\_\_\_ Bank Officer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Checking Account# \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

Other Account(s) and #(s) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Signature for Release of Bank Information \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

B) Bank Name \_\_\_\_\_ Bank Officer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Checking Account# \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

Other Account(s) and #(s) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Signature for Release of Bank Information \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

### TRADE REFERENCES:

1) Name \_\_\_\_\_ Acct. No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

2) Name \_\_\_\_\_ Acct. No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

3) Name \_\_\_\_\_ Acct. No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Estimated Amount of Credit Required: \$ \_\_\_\_\_ (Your company may be requested to provide financial statements)

PLEASE NOTE: **Postage and Freight are not open account items.** Postage advance for mailing and/or freight advance for drop ship projects **MUST** be provided **BEFORE** your material can be released by ANRO Inc. **ANRO Terms:** Net 30 Days. 1.5% Service Charge Over 30 Days. ANRO Inc. accepts VISA and MasterCard.

### TERMS AND CONDITIONS:

I understand the following and will abide by your company regulations:

1. Notify ANRO Inc. of any changes in ownership of our company.
2. If granted credit, our company agrees to pay all invoices within 30 days of invoice date.
3. It is agreed that our company will pay 1.5% per month, which is 18% yearly for all past due balances.
4. It is agreed that our account will become C.O.D. if we fail to pay invoices within the above dated terms.
5. It is agreed that our company will pay a \$30.00 fee for any returned checks.
6. Our company's financial condition is satisfactory and we can meet all financial obligations.
7. There are no lawsuits or judgements against me at this present time. If our company defaults on payment of any outstanding valid invoices, we agree to pay attorney and/or collection expenses.
8. Applicant authorizes ANRO Inc. to obtain credit and financial information concerning the applicant at any time and from any source, and information obtained will be held in the strictest of confidence.

I make the foregoing application for credit for the purpose of obtaining merchandise on an open account basis.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

REPRESENTATIVE

CUSTOMER NUMBER

BY

DATE

CUSTOMER