

M.E. DEY & CO.

CREDIT APPLICATION

COMPANY INFORMATION

New Customer Existing Customer

Company or Individual Name:

Billing Address:

City: State: Zip:

Contact Name: Title: Email: Phone:

Federal Employer ID # or SS #:

Business is a: C-Corp S-Corp LLC

Duns # (if applicable):

Estimated Monthly Billings:

Credit Limit Requested: \$

Principle Parties (i.e. Owner/CEO/Officer)

Contact Name: Title:

Email: Phone Number:

Accounts Payable Information

AP Primary Contact Name: Title:

Email: Phone Number:

AP Manager: Phone Number:

Email: Phone Number:

Final Delivery Contact

Name: Title:

Email: Phone Number:

BANK REFERENCE

Bank Name:

Address:

City: State: Zip:

Contact Name: Email: Phone:

Type of Account: Checking Savings Other: Account #:

TRADE REFERENCES

1.

Company Name: Contact Name: Phone:

Address: City, State, Zip: Email:

2.

Company Name: Contact Name: Phone:

Address: City, State, Zip: Email:

3.

Company Name: Contact Name: Phone:

Address: City, State, Zip: Email: