



263 S. Whitford Rd.
 Exton, PA 19341-2634
 484-713-0040

Please return via fax (215-599-8072), Attn: Accounting

Credit Application

BUSINESS CONTACT INFORMATION

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:	State:	ZIP Code:	
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:	State:	ZIP Code:	
Type of account	Account number		
Savings			
Checking			
Other			

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			

ADDITIONAL INFORMATION AND AGREEMENT

1. State Tax Exempt Number, if applicable (If so, please fax along with application):
2. AM Sales Representative:
3. By submitting this application, you authorize Accommodation Mollen Inc. to make inquiries into the banking and business/trade references that you have supplied.
4. Please return via **fax (215-739-4571), Attn: Accounting**

SIGNATURES

Title:	Title:
Date:	Date: