



Phone: (570) 805-4558
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CREDIT APPLICATION Net 30 Account

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

Physical Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Web Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Contractor License #: \_\_\_\_\_ Years in Business: \_\_\_\_\_
If applicable

BUSINESS CLASSIFICATION \_\_\_\_\_ Incorporation \_\_\_\_\_ LLC \_\_\_\_\_ Proprietorship
\_\_\_\_\_ Partnership \_\_\_\_\_ LLP \_\_\_\_\_ Government

Date Business Established: \_\_\_\_\_ Fed ID#: \_\_\_\_\_ Tax Exempt #: Yes or No
Attach Tax Exempt Form if Yes

State of Incorporation: \_\_\_\_\_ If Incorporated, Date of Inc.: \_\_\_\_\_

Trade References: Please list minimum of three (3)

Name: \_\_\_\_\_ Account #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Account #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Account #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

By signing this credit application I agree to pay my account within the agreed upon terms. Should I default in making my payment(s) when due, I agree to pay all costs and expenses incurred in collecting the indebtedness. I also authorize Albertini Manufacturing and Supply Inc. to review my credit history.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_