

WARWICK INDUSTRIES INC.

APPLICATION FOR CREDIT

DATE:

ACCOUNT NAME: CONTACT:

ADDRESS: CITY: STATE: ZIP:

TELEPHONE: FAX:

YEARS IN BUSINESS: ANNUAL SALES: EMPLOYEES:

TYPE OF OWNERSHIP: ☐ CORPORATION (Y) (N) ☐ INCORPORATED WITHIN PAST 12 MONTHS (Y) (N)
☐ PARTNERSHIP (Y) (N) ☐ INDIVIDUAL (Y) (N)

NAME(S) OF PRINCIPAL(S):

COMPLETE ADDRESS:

CITY: STATE: ZIP:

SALES TAX EXEMPTION STATUS (Y) (N) NUMBER:

BANK REFERENCE:

NAME OF BANK: ACCOUNT #:

ADDRESS: CITY: STATE: ZIP:

CONTACT OFFICER: TEL: FAX:

CURRENT NON-COMPETITIVE TRADE REFERENCES: (NEED 3 OF THEM)

NAME: CONTACT PERSON: Current Credit Line: \$

CITY: STATE: TEL: FAX:

NAME: CONTACT PERSON: Current Credit Line: \$

CITY: STATE: TEL: FAX:

NAME: CONTACT PERSON: Current Credit Line: \$

CITY: STATE: TEL: FAX:

***Your Account Payable Name: Email:

WE CERTIFY THAT ALL THE INFORMATION ON THIS FORM IS CORRECT. WE FULLY UNDERSTAND YOUR CREDIT TERMS AND AGREE TO THE PROPER PAYMENT IN CONSIDERATION OF EXTENDED CREDIT.

SIGNED: TITLE: DATE:

PLEASE FAX THIS FORM BACK TO 1-800-524-0579 THANK YOU.

Please also attached your Resale Certificate with this form.

You can email this form and send to: customer.support@warwick-sprayguns.com