



50 Portland Road / P.O. Box 367
 West Conshohocken, PA 19428
 Phone (610) 828-5600 / Fax (610) 828-5610

Sales Rep: _____

CREDIT APPLICATION

CORPORATE HEADQUARTERS

Legal Business Name: _____ Date: ____ / ____ / ____

Phone: _____ Fax: _____ Email: _____

Type of Entity: Corporation Sole Proprietor/Individual Partnership LLC

Owners (If applicant is a sole proprietorship or partnership) / Officers (If a corporation) / Members (If an LLC)

SSN #	Name	Home Address	Phone No.

U.S. Supply Company Inc and affiliates will obtain consumer reports for purpose of evaluating current and ongoing credit worthiness for all entities but corporations.

What date was your company incorporated? _____ Federal Tax ID: _____

In what state was your company incorporated? _____ # of Employees: _____

Has applicant or any of its owners, principals, partners or directors ever filed a voluntary petition in bankruptcy, been adjudged bankrupt or made an assignment for the benefit of creditors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any past due taxes owed by the applicant to any taxing authority?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has a tax lien or civil suit been filed against applicant or any of its owners, principals, partners or directors within the past six (6) years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is applicant or any of its owners, principals, partners or directors a guarantor or endorser of debts or notes owed by others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have any principals traded under another name?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, what was that name?		

BILLING INFORMATION

Address: _____ City: _____ State: _____ Zip: _____

A/P Contact's Name: _____ A/P Contact Phone: _____

A/P Contact's Email: _____ A/P Contact Fax: _____

Monthly Statement Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Invoices Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, send by: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email to A/P Contact	If yes, send by: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email to A/P Contact
Are purchase orders issued? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are job names required? <input type="checkbox"/> Yes <input type="checkbox"/> No

***** PLEASE ATTACH AN EXEMPTION CERTIFICATE FOR EACH STATE. TAX EXEMPT STATUS WILL NOT BE GRANTED WITHOUT A CERTIFICATE ON FILE IN OUR OFFICE *****

SHIPPING INFORMATION:

Shipping Address: _____

City: _____ State: _____ Zip: _____

AUTHORIZED BUYERS (Please attach additional buyers on a separate sheet)

First Name	Last Name	Email	Phone No.

CREDIT INFORMATION

What is your primary business focus? _____

Please specify the credit limit you require? \$ _____ Company's Yearly Sales Volume: \$ _____

What are your total estimated monthly purchases? Plumbing \$ _____ HVAC \$ _____

What will be your estimated monthly US Supply purchases? Plumbing \$ _____ HVAC \$ _____

Have you done business with US Supply Company before? Yes No

SUPPLIER REFERENCES:

Name	Address (City, State, Zip)	Phone No.	Fax No.	Account No.

BUILDING INFORMATION:

Is your building Owned Rented

Landlord's Address: _____

City: _____ State: _____ Zip: _____

BANK INFORMATION

Bank Name	Address (City, State, Zip)	Phone No.	Account No.

LOAN INFORMATION:

Loan Type (Installment or Commercial)	Date Opened:	Issue Amount	Terms:	Current Balance:

