



102 Bond St., Westbury, NY 11590
Tel: 516-876-0441 Fax: 516-876-8867

Accounting@GraBarFish.com

CREDIT APPLICATION

Company Information:

Corporate Name:	_____
DBA:	_____
Billing Address:	_____ _____
Shipping Address:	_____ _____
(If different from above)	_____
Telephone:	_____
Fax:	_____
Email:	_____
A/P Contact:	_____
A/P Phone:	_____
A/P Fax:	_____
Purchasing Contact:	_____
Purchaser Cell:	_____
Purchaser Email:	_____

Ownership Information:

Business established since:	_____	Type of Corp:	_____
Federal Tax ID Number:	_____		
Owner:	_____	Cell Phone#	_____
		Email:	_____
Owner:	_____	Cell Phone#	_____
		Email:	_____

Amount of Credit Requesting (Terms/Limit): _____

Bank Information:

Name:	_____	Phone #:	_____
Address:	_____	Fax #:	_____
		Officer:	_____
Account #:	_____	Officer Email:	_____

Trade References: NO LIQUOR/BEER

Company	City, State	Phone	Fax
1.)			
2.)			
3.)			
4.)			

We authorize the above listed references to release credit information concerning this account.

We agree to the Credit Policy of Gra-Bar Inc and to pay all collection expenses incurred by Gra-Bar Inc. in collecting past due amounts in addition to interest of 1.5% per month on all past due invoices.

Print Name: _____

Authorized Signature: _____ **Date:** _____