

# Polek & Polek

**INCREASING YOUR PROFITS SINCE 1974!**

17 Madison Road, Fairfield NJ 07004 P: 973-439-2700 F: 973-439-2720

**POLEK & POLEK CREDIT APPLICATION**      Date \_\_\_\_\_      Terr. # \_\_\_\_\_

Company Name \_\_\_\_\_ Your Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

Credit Line Requested \_\_\_\_\_ Year Established \_\_\_\_\_

Fed Tax ID # \_\_\_\_\_ AP Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Are you a (circle one): Corporation    Sole Proprietor    Partnership    Other \_\_\_\_\_

Signature of Owner, Partner or Senior Officer \_\_\_\_\_ Print Name \_\_\_\_\_

**\*\* Form must be signed and dated in order for us to process your credit application (even if you attach a pre-made reference sheet).**

### BANK REFERENCE

Bank Name \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Account # \_\_\_\_\_

### TRADE REFERENCE

Company Name \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Account # \_\_\_\_\_

Company Name \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Account # \_\_\_\_\_

Company Name \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Account # \_\_\_\_\_

**RETURN TO THE ATTENTION OF BETTY MUNOZ at Fax # 973-439-2717**

### OFFICE USE ONLY

Approved Y N Approved by \_\_\_\_\_ Account # \_\_\_\_\_ Amount Approved \_\_\_\_\_

Logged Y N Terms \_\_\_\_\_ C/C \_\_\_\_\_ COD \_\_\_\_\_ Date \_\_\_\_\_ Sales Rep \_\_\_\_\_

Notes \_\_\_\_\_