

NEWBORN

Newborn Brothers Co., Inc.

Manufacturers • Importers • Distributors

CAULKING GUNS
INDUSTRIAL • PROFESSIONAL • DO-IT-YOURSELF

8221-D Preston Ct. • Jessup, MD 20794
Tel: 301-604-1500 • Fax: 301-604-7950

CREDIT APPLICATION

NAME OF BUSINESS _____ FEDERAL I.D. NO. _____

MAILING ADDRESS _____
Street No. Or P.O. Box _____ City _____ State _____ Zip _____

SHIPPING ADDRESS _____
Street _____ City _____ State _____ Zip _____

PHONE NO. _____ FAX NO. _____

TYPE OF BUSINESS _____ NO. OF YEARS IN BUSINESS _____
Corporation, Partnership, Etc.

Manufacturer Wholesaler Distributor Other _____

Subsidiary Division of _____
(Please provide name and address of parent company)

LIST NAMES AND TITLES OF PRINCIPALS (IF SOLE PROPRIETOR, LIST SPOUSE):

ARE PURCHASE ORDER NUMBERS REQUIRED FOR ALL ORDERS? Yes No

SHIPPING REQUIREMENTS _____

PREFERRED SHIP VIA _____

NAME OF PERSON TO CONTACT IN REGARD TO THIS ACCOUNT _____ PHONE NO. _____

E-MAIL ADDRESS FOR ACCOUNTS PAYABLE CONTACT: _____

AMOUNT OF CREDIT REQUESTED _____ PERSONS AUTHORIZED TO PLACE ORDERS _____

CHECK HERE IF CASH SALES ARE OKAY UNTIL CREDIT IS APPROVED.

IF TAX EXEMPT, PLEASE ATTACH YOUR TAX EXEMPTION CERTIFICATE. SALES TAX LICENSE NO. _____

NEWBORN BROTHERS CREDIT APPLICATION (continued)

TRADE REFERENCES (PLEASE INCLUDE PHONE NUMBER & FAX NUMBER)

NAME	ADDRESS, CITY, STATE, ZIP	PHONE & FAX
		Phone:
		Fax:
		Phone:
		Fax:
		Phone:
		Fax:
		Phone:
		Fax:
		Phone:
		Fax:

BANK REFERENCES

		Phone:
Acct #		Fax:
		Phone:
Acct #		Fax:

WE CERTIFY THAT ALL THE INFORMATION ON THIS FORM IS CORRECT, AND THAT WE FULLY UNDERSTAND OUR CREDIT TERMS ARE NET 30 DAYS AND AGREE TO THE PROPER PAYMENT IN CONSIDERATION OF EXTENDED CREDIT. IN ADDITION, BY SIGNING THIS AGREEMENT, WE GIVE PERMISSION TO THE ABOVE REFERENCES TO RELEASE THE INFORMATION NEEDED TO OPEN THIS ACCOUNT.

SIGNED _____ TITLE _____ DATE _____

FOR NEWBORN'S USE ONLY

D&B RATING	CREDIT LIMIT	SALESMAN
DATE CREDIT APPROVED	CUSTOMER NO.	CREDIT MANAGER