

Credit Application Form

Fill out and fax to: 315-498-5254
Questions? Call us at 315-469-0143,
and we will be glad to help.



Company Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Years in business _____ Own or Rent Location _____ Purchase Orders Req: Yes / No

Type of Organization: Corporation _____ Partnership _____ Sole Proprietorship _____

List of owners: _____

Manager's Name _____ Accounts Payable Contact _____

Bank and Trade References:

Trade:

Name _____ Address _____ Ph: _____

Name _____ Address _____ Ph: _____

Name _____ Address _____ Ph: _____

Name _____ Address _____ Ph: _____

Bank:

Name _____ Address _____

Checking Account Number _____ Savings Account Number _____

Visa Card _____ Master Card _____

American Express _____ Other Credit Cards _____

Amount of credit Requested \$ _____ Tax Exempt? Yes/No (if yes, attach form)

Credit Information Release Authorization

I, _____, Title _____

Authorize the release of credit information to be used by Featherstone Supply, Inc.
For evaluating credit limits and terms only.

_____ Date _____

Applicant / Title

Featherstone Supply, Inc.
6136A South Salina St
Syracuse, NY 13205
Phone: 315-469-0143 Fax: 315-498-5254