

Credit Application



850 13th Ave Bethlehem Pa 18018

Ph. 610-867-1302

Fx 610-867-1309

Company Name _____
Principal Onwership _____
Fed ID# or Social Sec # _____
Accounts Payable Name _____ Phone _____ Fax _____
Accounts Payable Email address _____

Account Name _____
Mailing Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Please provide 3 Trade refereces (suppliers and vendor)

FAX NUMBERS ARE REQUIRED TO PROCESS APPLICATION.

Name	Address	Fax # (Required)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Are Purchase orders required to make payment? _____

Are you tax exempt? _____ **If yes, certificate is required.** _____

Our Credit Terms are NET 30 with 1.5% Late Fee charged Monthly on outstanding balance

I AM AUTHORIZED TO OBTAIN CREDIT FOR OUR COMPANY. ALL INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE EAST COAST FLEET SERVICES, INC TO MAKE ANY INQUIRIES NECESSARY FOR ACTION ON THIS CREDIT APPLICATION.

Authorized Signature _____ Date _____

Print name and Title _____

For your convience send via fax: 610-867-1309