

CREDIT APPLICATION

T. Frank McCall's, Inc.

601 Madison Street

Chester, PA 19016

Phone-610.876.9245 Fax- 610.876.9189

Date: _____

Salesmen # & Name _____

*All information will be kept confidential. Application must be filled out completely.

Business Name: _____

Principal Name: _____

Contact Name: _____

Social Security# _____

Address: _____

Home Address: _____

City, State & Zip: _____, _____, _____

Accts Payable Contact: _____

Phone: _____

Accts Payable Phone: _____

Fax: _____

Tax Exempt # _____

Dunn & Bradstreet # (if applicable) _____

(please include a copy of certificate)



Trade References

* Must have FAX numbers for all three references:

Company Name: _____

Company Name: _____

Address: _____

Address: _____

Contact Name: _____

Contact Name: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

High Credit: _____

High Credit: _____

Terms: _____

Terms: _____

Company Name: _____

Address: _____

Contact Name: _____

Phone: _____

Fax: _____

High Credit: _____

Terms: _____



Bank References

Bank Name: _____

Address: _____

Phone: _____

Fax: _____

Contact Name: _____

Account # _____

The owner guarantees that all purchases made by this business as shown on this application. All of the information on this credit application is furnished on a confidential basis in support of this request to make commercial purchases on credit terms. The undersigned certifies this information to be true and understands that any information omitted may cause this request for credit to be denied. It is further agreed that the undersigned will pay any collection expense including attorney fees that may become necessary to effect collection of the account

AUTHORIZED SIGNATURE

TITLE

DATE
