

T·FRANK McCALLS'S INC.

S I N C E 1 8 7 6

CREDIT APPLICATION

601 Madison St | Chester PA 19016 | 610-876-9245 | 610-876-9189 (fax)

Internal Use Only

SALES TEAM MEMBER		#		DATE	
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APPLICANT INFO

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. Application must be filled out completely.

Company		Contact Name	
Parent Co. (if applicable)		Contact Email	
Address		Contact Phone #	
City, State, Zip		Accounts Payable Contact	
Phone / Fax		Accounts Payable Phone #	
Tax Exempt # (if applicable)		Accounts Payable Email	

please include a copy of tax exempt certificate

TRADE REFERENCES

**All three references must include an email address or fax number

COMPANY NAME _____	COMPANY NAME _____
COMPANY ADDRESS _____	COMPANY ADDRESS _____
CONTACT NAME _____	CONTACT NAME _____
PHONE _____	PHONE _____
EMAIL OR FAX _____	EMAIL OR FAX _____
HIGH CREDIT _____	HIGH CREDIT _____
TERMS _____	TERMS _____
COMPANY NAME _____	
COMPANY ADDRESS _____	
CONTACT NAME _____	
PHONE _____	
EMAIL OR FAX _____	
HIGH CREDIT _____	
TERMS _____	

The undersigned agrees

- All purchases made by this business will be paid for within 30 days.
- If invoices go unpaid, customer is responsible for collection expenses, including attorney & court fees.
- Information provided on this form is true. False or omitted information could result in denied application.

Signature _____ Title _____ Date _____

EMAIL COMPLETED FORMS TO SALES@TFRANKMCCALLS.COM