T·FRANK McCALL'S INC.

S I N C E 1 8 7 6

CREDIT APPLICATION

601 Madison St | Chester PA 19013 | 610-876-9245

Internal Use Only

SALES TEAM MEMBER		#		DATE	

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	
Parent Co. *(if applicable)*	
Address	
City, State, Zip	
Phone	
Tax Exempt # *(if applicable)*	

Contact Name	
Contact Email	
Contact Phone #	
Accounts Payable Contact	
Accounts Payable Phone #	
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 ADDRESS _____
CONTACT NAME _____
PHONE _____
EMAIL _____
HIGH CREDIT _____
TERMS _____

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

COMPANY NAME _____
COMPANY ADDRESS _____
CONTACT NAME _____
PHONE _____
EMAIL _____
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