



CREDIT APPLICATION

9000 Commerce Parkway,
 Mount Laurel, NJ 08054
 Telephone: 856-231-9449
 Fax: 856-231-9818
 www.iatl.com

Business Name: _____ Phone: _____ Fax: _____

Mailing Address: _____ For past _____ years
 _____ No. of employees: _____

Accounting Contact: _____ Accounting phone: _____

Nature of Business: _____ Date Established: _____ Federal Tax ID#: _____

Individually Owned: _____ Partnership: _____ Corporation: _____ Incorporating State: _____ Approx. Annual Sales: _____

Has the firm or any of its Principals ever filed for bankruptcy? Yes___ No___
 If yes, explain: _____

PRINCIPAL: _____
 (Name) (Title) (SS#) (Home Address)

PRINCIPAL: _____
 (Name) (Title) (SS#) (Home Address)

BANK REFERENCES: Checking: ___ Loan: ___ Savings: ___

 (Authorizing Signature)

 (Bank Name) (Address/Phone) (Account #) (Contact)

 (Bank Name) (Address/Phone) (Account #) (Contact)

TRADE REFERENCES: (Name suppliers of major products and services/other than utilities, rent, phone, etc.)
NAME ADDRESS/PHONE

TERMS AND CONDITIONS OF SALE UPON EXTENSION OF CREDIT

1) Payment terms are Net 30 Days. 2) IATL reserves the right to charge a 1% finance charge per month on invoices that reach 31 days. 3) If services of an attorney or collector are employed to collect any portion of this account, there shall be assessed a fee equal to 30% of the amount owed, which is expressly agreed to be a reasonable collection fee PLUS any and all interest billed or billable. (4) I/We guarantee the payment on ALL ADDITIONAL purchases. I/We represent that we are authorized to accept these terms; conditions of sale for applicant and that all facts herein are truthful to the best of our knowledge

CORPORATE SEAL: Applicant's Signature/Date: _____

Name (print) and Title: _____

Officer's Signature/Date: _____

Name (print) and Title: _____