



520 Lafayette Road
Sparta, NJ 07871 US
973-940-3334

Credit Application

Complete the form, sign it, scan it, and e-mail the completed and signed form to creditapplication@cableorganizer.com. To avoid delays in processing your application, please provide complete and accurate information.

Company Information

Company Name: _____ Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____ Email: _____
 Type Of Business: Sole Proprietorship Partnership Corporation Year Business Opened: _____
 Federal ID# or SS#: _____ Principal's Name: _____
 DUN's #: _____ Accts Payable Contact: _____ Email: _____

Bank References

Bank Name: _____ Account #: _____
 Address: _____
 Contact Person: _____ Phone #: _____ Date Account Opened: _____

Trade References

Company Name: _____ Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____ Email: _____

Company Name: _____ Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____ Email: _____

Company Name: _____ Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____ Email: _____

The undersigned hereby agrees that should a credit account be opened, and in the event of default in the payment of any amount due, and if such account is submitted to a collection authority, to pay an additional charge equal to the cost of collection including court costs. The undersigned individual who is either a principal of the credit applicant or a sole proprietorship of the credit applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by the above named credit granter, from time to time as may be needed, in the credit evaluation process.

Company: _____ Date: _____

Signature: _____ Title: _____

Printed Name: _____