



# US Tape Co, Inc Credit Application

2452 Quakertown Rd, Ste 300 \* Pennsburg, PA 18073

Ph 215-541-1850 \* Fx 215-541-1760 \* Email [orders@ustape.com](mailto:orders@ustape.com)

Thank you for expressing an interest in becoming one of our valued customers. In order to establish open credit with US Tape Co please fill out this credit application, sign it, & fax back to 215-541-1760 or email to [orders@ustape.com](mailto:orders@ustape.com).

### Company Information:

### **This Top Section Must Be Completed**

Bill To: \_\_\_\_\_

Ship To: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

### Contacts:

U.S. Tape Sales Rep \_\_\_\_\_

A/P: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Buyer: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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**Credit References:** (Please feel free to send your own form rather than filling this in – just fill out co info above and sign below.)

Bank: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Acct #: \_\_\_\_\_

### **Trade References:**

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Contact/Acct #: \_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Contact/Acct #: \_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Contact/Acct #: \_\_\_\_\_

**PLEASE NOTE:** Minimum order is \$100. A sales tax resale certificate **MUST** be returned with the application to process your order. If we do not receive a resale certificate, we are unable to set up the account.

By signing this credit application, your company authorizes US Tape Co, Inc to contact all bank and trade references, run credit and/or business reports and authorizes all references to release credit information with respect to this application and from time to time in connection with follow up credit checks. Your company also agrees to pay all invoices within terms. If collections are necessary, your company will be responsible for all costs associated with collecting past due balances.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Required)

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

(Rev 01/15)

