



133 Rahway Avenue
 Elizabeth, N.J. 07202-6019
 908 355 3400 • FAX 908 355 8993

Elizabeth • Princeton • Parsippany • New York • Long Island

FIRM NAME _____
 BILLING ADDRESS _____
 CITY _____ STATE _____ ZIP _____

TELEPHONE () _____

Application for Credit is hereby made and the following references given. It is understood that this information will be held in strictest confidence.

APPLICATION FOR CREDIT

PLEASE TYPE OR PRINT CLEARLY IN INK

✓ A COPY OF OUR CURRENT FINANCIAL STATEMENT IS ATTACHED

FULL NAMES OF OWNERS OR OFFICERS	HOME ADDRESS	CITY	STATE	ZIP
----------------------------------	--------------	------	-------	-----

OWNER SHIP

PRES _____
 SEC _____
 TREAS _____

CHECK ONE: INDIVIDUAL PARTNERSHIP CORPORATION FED TAX NO. _____

TYPE OF BUSINESS _____ YEAR STARTED _____

ESTIMATED ANNUAL VOLUME _____ RESALE NO. _____

PREVIOUS ADDRESS (if less than 5 yrs) _____

OWN BUILDING VALUE: \$ _____ RENT: From Whom? _____

REAL ESTATE MORTGAGE: Amount \$ _____ MORTGAGOR: _____

REFERENCES

BANK 1.
 ADDRESS _____ TELEPHONE _____
 CITY _____ STATE _____ ZIP _____

BANK 2.
 ADDRESS _____ TELEPHONE _____
 CITY _____ STATE _____ ZIP _____

LIST THREE TRADE REFERENCES

1. Name _____		Address (No Box Numbers) _____	
City _____	State _____	Zip _____	Phone _____
2. Name _____		Address _____	
City _____	State _____	Zip _____	Phone _____
3. Name _____		Address _____	
City _____	State _____	Zip _____	Phone _____

APPLICANTS SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH OUR STANDARD TERMS AND CONDITIONS OF SALE.

THE ABOVE INFORMATION IS FOR THE PURPOSE OF OBTAINING CREDIT AND IS WARRANTED TO BE TRUE. I / WE HEREBY AUTHORIZE THE FURNITURE PROCUREMENT DIVISION OF BFI TO INVESTIGATE THE REFERENCES LISTED PERTAINING TO MY / OUR CREDIT AND FINANCIAL RESPONSIBILITY.

FIRM NAME _____
 AUTHORIZED SIGNATURE _____
 TITLE _____ DATE _____

ATTACH CURRENT FINANCIAL STATEMENT & RETURN TO OUR ELIZABETH, N.J. CORPORATE OFFICE CREDIT DEP'T

CD REPORT USE

CREDIT APPROVED DISAPPROVED

CREDIT LINE \$ _____
 DATE _____ BY _____
 SALESPERSON _____ NO. _____
 CUSTOMER NO. ASSIGNED