

**Instrumentation Technical Services  
20 Hagerty Blvd. Suite 1  
West Chester, PA 19382  
610-436-9703  
610-436-9097 FAX**

**Credit Application**

Company Name \_\_\_\_\_ Dun & Bradstreet No \_\_\_\_\_  
Billing Address:  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Shipping Address \_\_\_\_\_ Fax \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Branch \_\_\_\_\_ Division \_\_\_\_\_ Subsidiary \_\_\_\_\_ of \_\_\_\_\_

**LINE OF BUSINESS**

Corporation  Proprietorship  Partnership  
Date Business Started \_\_\_\_\_

**TYPE OF BUSINESS**

Contractor (please check type):  
 Electrical  General  Plumbing/Heating  
 Residential  Retail  Distributor  
 Manufacturing  Wholesale  Other

**Principals** — Name & Address

1. \_\_\_\_\_ Title \_\_\_\_\_  
2. \_\_\_\_\_ Title \_\_\_\_\_  
3. \_\_\_\_\_ Title \_\_\_\_\_

**Accounts Payable Contact**

\_\_\_\_\_ Phone \_\_\_\_\_

**Orders Approved By**

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

Sales Tax Applicable  Yes  No

Sales Tax Exempt Number \_\_\_\_\_

**If Tax Exempt, Please  
Enclose sales and use tax  
Exempt certificate.**

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**CREDIT INFORMATION**

**BANK REFERENCE**

Bank Name \_\_\_\_\_ Contact \_\_\_\_\_  
Address \_\_\_\_\_ Account Number \_\_\_\_\_  
Types \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Credit References (Local, if possible, similar trade references)

Name	Address, City, State, Zip	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

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Terms: Net 30