



ARCHITECTURAL PRODUCTS DIVISION
32 NELSON HILL ROAD. PO BOX 200 WASSAIC, NY 12592
WWW.PAWLING.COM SALES@PAWLING.COM
TEL. 800.431.3456 FAX. 800.377.4403 TEL. 845.3739300

ATTENTION!

Urgent Information Needed

The following credit application should be complete and faxed to my attention 1-800-451-2200 if you wish to set up credit terms with our company.

To: Credit or Accounts Payable Department _____

Fax: _____

Date: _____

RE:CREDIT APPLICATION FOR NET 30 TERMS

Your PO or Job Name: _____

All new accounts with Pawling Corporation are sent a credit application for the purpose of setting up an account. The process can take up to two weeks. Please return the application for review.

To expedite your first order, you can request that your first order ship collect COD, send send Cash in Advance, or charge to American Express, Mastercard, or Visa. Credit Cards will be charges at the time of shipment.

Thank you for your interest in doing business with our company.



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Attention: Accounts Payable Dept- Your company has placed an order with us. Before the order can be processed, this application must be fully complete and returned to our Credit Dept Fax #800-451-2200. Completion of this form is mandatory for accounts requesting net 30 days terms only.

APPLICATION FOR CREDIT

(if already submitted, please disregard)

Firm Name _____ CUSTOMER # _____
Address _____ TEL # _____
FAX # _____
EMAIL _____
Are You Taxable: Yes _____ No _____
Sales Tax Exempt #: _____ Certificate Attached Yes _____ No _____ County: _____
(Tax law require copy of certificate on file or we must charge sales tax)
Business Type _____ Year established _____
Name(s) of Principal _____
Circle One: Corporation Partnership Sole Proprietor Subsidiary Division
Bank _____ Contact _____
Bank Address _____
Phone # _____ Account # _____
Parent Company Name if subsidiary/division _____
Parent Address _____
Name of Sales Representative _____
References:
1. Name _____ TEL _____
Street Address _____ FAX _____
City, State, Zip _____
2. Name _____ TEL _____
Street Address _____ FAX _____
City, State, Zip _____
3. Name _____ TEL _____
Street Address _____ FAX _____
City, State, Zip _____

I UNDERSTAND THAT UPON APPROVAL OF CREDIT APPLICATION THE TERMS OF SALE ARE NET 30 DAYS.

Date _____ Signature _____ Title _____

IMPORTANT INFORMATION:

POTENTIAL SIZE OF FIRST ORDER \$ _____ ESTIMATED DATE OF FIRST ORDER _____
TO EXPEDITE SHIPMENT OF FIRST ORDER: WILL YOU ACCEPT COD, CIA, or Credit Card (AmEx, MC, VISA)? Yes _____ NO _____
APPLICATION FOR CREDIT
ASP.07.02 FORM E REV: D