



FOR FASTER SERVICE, CALL  
PHONE: 973.575.5260  
FAX: 973.575.5219 - MICHELE  
9 TO 5 WEEKDAYS (EASTERN TIME)

**APPLICATION FOR CREDIT**

CUST: #: \_\_\_\_\_ DATE: \_\_\_\_\_  
SALESPERSON: \_\_\_\_\_

WE WISH TO OPEN AN ACCOUNT WITH YOUR COMPANY AND SUBMIT THE FOLLOWING INFORMATION TO ENABLE YOU TO OBTAIN A CREDIT HISTORY FOR THAT PURPOSE.

FIRM NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PH. # \_\_\_\_\_  
TYPE OF BUSINESS: \_\_\_\_\_ FAX #: \_\_\_\_\_

CORPORATION  PARTNERSHIP  PROPRIETORSHIP

YEARS ESTABLISHED: \_\_\_\_\_ PRINCIPALS (NAME OFFICERS OR OWNERS):  
POSITION \_\_\_\_\_  
POSITION \_\_\_\_\_  
FED. TAX ID # \_\_\_\_\_ RESALE # \_\_\_\_\_

TRADE REFERENCE                      PHONE #                      ADDRESS

1. \_\_\_\_\_  
    A/C # \_\_\_\_\_

2. \_\_\_\_\_  
    A/C # \_\_\_\_\_

3. \_\_\_\_\_  
    A/C # \_\_\_\_\_

Ultra Reference #: \_\_\_\_\_

BANK NAME                                      BANK ADDRESS

ACCOUNT #: \_\_\_\_\_ PHONE #: ( ) \_\_\_\_\_

REMARKS: \_\_\_\_\_

AUTHORIZATION TO RELEASE CREDIT INFORMATION TO ULTRA STANDARD DISTRIBUTORS, INC. PLEASE COMPLETE AND SIGN TO AVOID DELAYS.

CREDIT LIMIT \_\_\_\_\_  
(Office Use Only)                                      CUSTOMER SIGNATURE