



Penn Machine


APPLICATION FOR CREDIT

For questions regarding this application, **CALL** 610-859-3574. **FAX back to** 610-497-3325

Full Company Name _____ **Years in Business** _____

Street Address _____ City _____ State _____ Zip _____

Billing Address _____ City _____ State _____ Zip _____

 Telephone _____ Fax _____ A/P Contact _____

Are you EDI capable? **Yes** **No**

Business Structure

Corporation State of Incorporation _____

Sole Proprietorship

Partnership or LLC

Subsidiary ? **Yes** **No** Division? **Yes** **No** Duns # _____

If Yes, Name/Address of Parent Company _____

Has business/officer ever filed for bankruptcy? **Yes** **No**

Name of Principal(s)

1. _____ 2. _____ 3. _____

Bank and/or Lender References (list all secured parties)

Name & Address Phone Account #

1. _____

2. _____

Trade References

Name & Address Phone Fax

1. _____

2. _____

3. _____

4. _____

I/We agree to make all payments within our 30-day terms with Pennsylvania Machine Works, Inc.. If it becomes necessary to file a lien, suit or engage a collection agency or attorney, I/We agree to bear all expenses incurred (whether or not suit is filed), including but not limited to attorney fees, court costs, and a 1-½ % interest charge per month on all disputes Governed by the laws of Pennsylvania.

I hereby release any and all credit or financial information to Pennsylvania Machine Works, Inc.; by signing I am accepting your conditions of sales.

Signature

Title

Date