Committed to Safety Excellence!

BILL TO AND SHIP TO ADDRESSES REQUIRED

APPLICATION FOR CREDIT

DATE:_____

COMPANY NAME: **CONTACT:**
ADDRESS: **PHONE:**
CITY, STATE **ZIPCODE:**

BUSINESS FORM ☐ CORPORATION ☐ FED. TAX # OTHER ☐
EXPLAIN:

NAME:

NAME:

TYPE OF BUSINESS/SIC # AND/OR MINE ID#
/
ESTIMATED ANNUAL SALES/YEAR **$** **/**

SALES TAX EXEMPT ? NO ☐ **YES** ☐ **IF YES, ENCLOSE A VALID CERTIFICATE**

FINANCIAL STATEMENT ENCLOSED ? NO ☐ **YES** ☐
ESTIMATED ANNUAL PURCHASE/YEAR **$**

TRADE REFERENCE (AT LEAST THREE)

	NAME	ADDRESS	CITY, STATE	(AREA) PHONE
A.				( )
B.				( )
C.				( )

BANK REFERENCES

	NAME	ADDRESS	CITY, STATE	(AREA) PHONE
A.				( )
B.				( )

TYPE OF ACCOUNT : **A.** **B.**

PERSON(S) RESPONSIBLE **A.**

FOR ACCOUNTS PAYABLE **B.**

The above information is for the purpose of obtaining credit and is warranted to be true.
I/We hereby authorize the issuing company to investigate the information listed.
pertaining to My/Our credit and financial responsibility.

FIRM NAME

BY: **TITLE**

BY: **TITLE**

CSE CORPORATION 600 Seco Road Monroeville, Pennsylvania 15146 Phone 412-856-9200 Fax 412-856-9203