

Commercial Credit Application

CUSTOMER NAME			SHIPPING HOURS				
			FROM	1	ТО		
SHIPPING ADDRESS			CREDIT LIMIT REQUESTED \$				
			Terms	requested:			
CITY							
STATE	ZIP						
BILLING (IF DIFFERENT FROM ABOVE)			A/P CONTACT PERSON				
	· · · · · · · · · · · · · · · · · · ·		7.7.	- CHINGI I ENGON			
ADDRESS			PHONE FAX				
			EMAIL ADDRESS A/P				
CITY							
			OTHER EMAIL				
STATE ZIP							
	· · · · · ·				,		
				Г		T	
TYPE		1		DATE STARTED		STATE	
PROPRIETORSHIP	PARTNERS	CORP		FED.ID OR SS#:			
NAME OF INDIVIDUAL	- IF USING SOCIAL	SECURITY #		DUNS #			
NAME OF OWNERS OR AUTHORIZED OFFICER			TITLE OF OWNER / OFFICER				
SIGNATURE OF THE A	UTHORIZED PERS	ON					
PRINT NAME OF PERS	ON SIGNING						
CURRENT BANK	(PHONE			
CONTACT							
USL SALES PERSON				DATE			

TOLL FREE: 1-877-572-5500 LOCAL: 856-931-5500 | FAX: 856-632-0147