



# CREDIT APPLICATION

INSTRUCTIONS: Please complete unshaded portions of this form, fax to (973) 638-1724, or mail to:

Attn: Accounting Dept.  
Spectrum Plus  
13 Fairfield Avenue, Suite 203  
Little Falls, NJ 07424

## CLIENT INFORMATION

|                |       |          |
|----------------|-------|----------|
| COMPANY NAME   |       |          |
| STREET ADDRESS |       |          |
| CITY           | STATE | ZIP CODE |
| TEL #          | FAX # |          |

## TYPE OF BUSINESS:

- ☐ Corporation ☐ Partnership  
☐ Proprietorship

Date Started: \_\_\_\_\_

## TAXABLE STATUS:

- ☐ Taxable ☐ Non-Profit  
☐ Re-Sale

**IMPORTANT: Please send tax exempt certificate if applicable!**

Tax Exempt ID#: \_\_\_\_\_

|                          |                  |
|--------------------------|------------------|
| SALES CONTACT            | DIRECT DIAL/EXT. |
| ACCOUNTS PAYABLE CONTACT | DIRECT DIAL/EXT. |

## BANK REFERENCES

|              |         |       |           |     |
|--------------|---------|-------|-----------|-----|
| BANK NAME    | ADDRESS | CITY  | STATE     | ZIP |
| BANK CONTACT | TEL #   | FAX # | ACCOUNT # |     |

## TRADE REFERENCES

|   |              |         |       |       |     |
|---|--------------|---------|-------|-------|-----|
| 1 | COMPANY NAME | ADDRESS | CITY  | STATE | ZIP |
|   | CLIENT       | TEL #   | FAX # |       |     |
|   | COMMENTS     |         |       |       |     |
| 2 | COMPANY NAME | ADDRESS | CITY  | STATE | ZIP |
|   | CLIENT       | TEL #   | FAX # |       |     |
|   | COMMENTS     |         |       |       |     |
| 3 | COMPANY NAME | ADDRESS | CITY  | STATE | ZIP |
|   | CLIENT       | TEL #   | FAX # |       |     |
|   | COMMENTS     |         |       |       |     |

COMMENTS: \_\_\_\_\_

## FOR COMPANY USE ONLY

|                            |             |              |                |  |
|----------------------------|-------------|--------------|----------------|--|
| DATE SUBMITTED             | SALESPERSON | NO.          | LOCATION       |  |
| VALUE OF FIRST ORDER<br>\$ | D&B RATING  | CREDIT LIMIT | ACCOUNT NUMBER |  |
| NOTES                      |             |              |                |  |
|                            |             |              |                |  |
|                            |             |              |                |  |