



For PEI-Genesis Use Only:
Sales Office _____
Account # _____
Request Line of Credit _____
Approved Line of Credit _____
By _____
Date _____

Credit Application

2180 Hornig Road • Philadelphia, Pa 19116 • 215.673.0400 • 800.523.0727 • FAX 215.552.8048 • www.peigenesis.com

Part 1 - Credit Application

Please complete with signatures and return

Credit Line Requested _____

Business Name: _____ Db: _____
Billing address: _____ City/State: _____
_____ Telephone #: _____
_____ Fax #: _____

Accounts payable e-mail address: _____

If subsidiary, please provide name, address _____
and phone of parent company: _____

Type of Business: Corporation Partnership Proprietorship Individual
Years in Business _____ Duns #: _____ Tax ID #: _____

Tax-Exempt? _____ (If yes, please attach/send exemption form with this application)

Written purchase order required? _____ Yes _____ No

VP Finance/CFO/Controller _____

Purchasing Manager _____

I hereby certify that the information set forth here, together with all other information that is submitted along with this application is true and correct. I understand that PEI-Genesis, Inc. will rely on this information in extending credit and I authorize PEI-Genesis Inc. to contact and obtain business credit reports and information from the references provided. I have read and understand PEI-Genesis Inc.'s Terms and Conditions of Sale as posted on PEI-Genesis, Inc.'s web site, and agree that such terms shall apply to all transactions with PEI-Genesis, Inc. and all parts thereof.

Signature: _____ Title: _____
Printed Name: _____ Date: _____
Telephone: _____ Fax: _____

Part 2 - Bank Information

Bank Name _____ Account # _____
Address _____ Loan Officer _____
Phone # _____ Fax # _____

Part 3 - Trade References
(Must have done business within the last year)

See Attached Sheet

Name _____ Phone # _____
Address _____ Fax# _____
Contact _____ Account # _____
A/R Email
Address _____

Name _____ Phone # _____
Address _____ Fax# _____
Contact _____ Account # _____
A/R Email
Address _____

Name _____ Phone # _____
Address _____ Fax# _____
Contact _____ Account # _____
A/R Email
Address _____

I hereby authorize PEI-Genesis, Inc. to contact the bank and trade references listed above. I also authorize these references to provide PEI-Genesis with information relevant to this request for open account terms of payment. All information provided to PEI-Genesis is treated in strict confidence. PEI-Genesis will not share their sources and the results of their investigation with any unauthorized party or us. Therefore, no responsibility or liability attaches to the bank or to the trade references reporting or providing information to PEI-Genesis, Inc.

Signed _____ By _____ Date _____
(Full name of firm) (Owner/Officer Signature)

When completed, send Credit Application to
Email: CreditManager@peigenesis.com
Fax: 215-552-8048
Address: Credit Manager, PEI-Genesis, 2180 Hornig Rd., Philadelphia, PA 19116
Phone: 215-673-0400