



6542A Lower York Road
 New Hope, PA 18938
 Phone: (215) 416-5000
 Fax: (215) 862-3105

Commercial Credit Application & Agreement

Date: _____

Legal Name: _____

Federal EIN: _____ Dunn & Bradstreet #: _____

Billing Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Physical Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Line of Business: _____ Date Started: _____

Type of Ownership: Corporation Partnership Proprietorship

List Officers, Partners or Owner

Name	Title	Social Security Number	Home Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Accounts Payable Contact: _____ Phone: _____

Purchase Order Number Required: Yes No

Bank Reference	City, State	Account Number	Account Type
_____	_____	_____	_____
_____	_____	_____	_____

Trade References - List at least 3 companies with which you have a current open or active account for at least one year or longer

Name: _____	Name: _____
City, State: _____	City, State: _____
Phone: _____	Phone: _____
Name: _____	Name: _____
City, State: _____	City, State: _____
Phone: _____	Phone: _____

Payments are due Net 30 days from invoice date. A service charge of 1.5% per month may be assessed on any past due balances. If the account is forwarded to a collection agency and /or attorney, we agree to reimburse Airwave Solutions North for all reasonable attorney fees and other collection costs.

The undersigned hereby certifies the above information to be true and accurate and authorizes Airwave Solutions North to investigate our credit history. Information obtained will be kept confidential. The undersigned further agrees to the terms and conditions of this credit application.

Signature: _____ Title: _____ Date: _____