

NYP CORP
805 EAST GRAND ST ELIZABETH NJ 07201
800-524-1052 FAX 908-351-9655

CREDIT APPLICATION

PLEASE COMPLETE THE INFORMATION BELOW AND FAX OR MAIL BACK.
THANK YOU.

DATE: _____

NAME: _____

COMPANY: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

BANK REFERENCES

BANK: _____

ADDRESS: _____

CITY STATE ZIP: _____

PHONE: _____

ACCOUNT NUMBER: _____

CONTACT/TITLE: _____

RELEASE OF INFORMATION

I HEREBY AUTHORIZE MY BANK, TO GIVE NYP CORP THE
REQUESTED INFORMATION:

TRADE REFERENCES

COMPANY: _____

ADDRESS: _____

PHONE: _____

CONTACT/TITLE: _____

COMPANY: _____

ADDRESS: _____

PHONE: _____

CONTACT/TITLE: _____

COMPANY: _____

ADDRESS: _____

PHONE: _____

CONTACT/TITLE: _____

SIGNATURE/TITLE: _____ DATE: _____

REQUESTED LINE OF CREDIT: _____

Social Security # _____ Federal ID# _____

NJ State Tax Exempt # * _____

PA State Tax Exempt # * _____

NC State Tax Exempt# * _____

*PLEASE FURNISH US WITH A FULLY COMPLETED TAX CERTIFICATE IN ORDER FOR US TO ACCEPT YOUR EXEMPT AS VALID.