



Application for Credit

241 Main Street Hackensack, NJ 07601 PH: 800.425.4778 201.342.1955 FAX: 201.342.1438

Company Information

Company Name:		DBA:	
Bill to Address:	City:	State:	Zip:
Ship to Address:	City:	State:	Zip:
Phone:	Fax:	AP / Email:	
☐ Partnership	☐ Corporation	☐ Individual	Tax Exempt Yes ☐ No ☐ P.O.'s required? Yes ☐ No ☐
Tax ID#:	Type of Product / Service Provided:	Year Established:	

Name of Officers / Principals

1.	Title:
2.	Title:
3.	Title:

Banking Information

Many banks require written, signed authorization on company letterhead. Please fax back w/ application.

Bank Name:	Bank Address:
Bank Officer:	
*Phone:	*Fax: Account #:

**It is essential to provide phone numbers, fax numbers, and account numbers if available*

Vendor References

Business Name:	Contact Name:	Phone:	Fax:
Address:	City:	State:	Zip:
Business Name:	Contact Name:	Phone:	Fax:
Address:	City:	State:	Zip:
Business Name:	Contact Name:	Phone:	Fax:
Address:	City:	State:	Zip:

I/We certify that the information provided on this form is true and correct. I/We fully understand and agree to all the terms and conditions of ClipStrip Corp., and agree to the proper payment in consideration of extended credit. Payment terms are Net 30 days from date of invoice, which is the date the order shipped. Freight terms are F.O.B. shipping point. No returns will be accepted without authorization and a 25% restocking fee will apply. No returns on custom orders.

Signature :	Title:	Date:
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This is a fillable PDF file. Please print out and either email to credit@clipstrip.com or fax to 201-342-1438

