



Application for Credit

241 Main Street 5th Floor 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: _____ A/P Email: _____

Partnership Corporation Individual Tax Exempt Yes No P.O.'s required? Yes No

Tax ID#: _____ Type of Product / Service Provided: _____ Year Est: _____

D&B Number: _____ Credit Amt Requested: _____

Name of Officers / Principals

1. _____ Title: _____

2. _____ Title: _____

Banking Information

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

Bank Name: _____ Bank Address: _____

Bank Officer: _____ Email: _____

*Phone: _____ *Fax: _____ Account #: _____

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

Vendor References

Company: _____ Contact: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Company: _____ Contact: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Company: _____ Contact: _____ Phone: _____ Email: _____

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: _____

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

