

**BERGEN INDUSTRIAL SUPPLY CO., INC.**

30 STEFANIC AVENUE  
ELMWOOD PARK, NJ 07407  
PH. 201-796-2600 FAX 201-796-5603  
[www.bergenindustrial.com](http://www.bergenindustrial.com)

**CREDIT APPLICATION FOR:** \_\_\_\_\_  
(Company Name)

**PLEASE CHECK ONE:** Application Only \_\_\_\_\_  
Order Pending \_\_\_\_\_ Amount \_\_\_\_\_  
Date: \_\_\_\_\_

Thank you for applying to Bergen Industrial for an open account.

We ask that you answer all the questions on the attached forms:

- a) Application Summary Sheet
- b) Bank and Credit References
- c) Credit Guarantee

Also enclosed is a Bank Release Authorization form in the event your bank requires a written authorization.

Return the completed forms to us via fax and we will expedite the processing of your application.

**\*No Application Will Be Processed Without All The Required Information.\***

Credit Department

**MANDATORY FOR PROCESSING**

**BANK RELEASE AUTHORIZATION**

**DATE**\_\_\_\_\_

**YOUR BANK:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**YOUR ACCOUNT #**\_\_\_\_\_

**CONTACT**\_\_\_\_\_

\*\*\*\*\*

**YOUR COMPANY:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZED SIGNATURE**

\_\_\_\_\_

**PLEASE PRINT YOUR NAME & TITLE**

\_\_\_\_\_

\*\*\*\*\*

**FOR BANK USE ONLY**

**ACCOUNT OPENED**\_\_\_\_\_ **TYPE OF ACCOUNT: CHECKING**\_\_\_\_\_  
**SAVING**\_\_\_\_\_

**AVERAGE MONTHLY BALANCE**\_\_\_\_\_

**DOES ACCOUNT BORROW?**\_\_\_\_\_

**ARE BORROWINGS SECURED OR UNSECURED?**\_\_\_\_\_

**BY:**\_\_\_\_\_ **TEL #:**\_\_\_\_\_ **DATE:**\_\_\_\_\_

**Please fax back to Bergen Industrial Supply 201-796-5603. Thank You.**



30 STEFANIC AVENUE  
TEL. (201) 796-2600

ELMWOOD PARK, NJ 07407  
FAX (201) 796-5603

SERVING INDUSTRY SINCE 1965

**BANK AND CREDIT REFERENCES**

CUSTOMER: \_\_\_\_\_ DATE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
\_\_\_\_\_ FAX #: \_\_\_\_\_

INDIVIDUAL APPLYING: \_\_\_\_\_  
\*\*\*\*\*

**\*NEED FULL NAME, ADDRESS, PHONE # AND ACCOUNT NUMBER TO PROCESS**

BANK REFERENCE:

Name: \_\_\_\_\_ Type of Account: \_\_\_\_\_  
Address: \_\_\_\_\_ Account #: \_\_\_\_\_  
\_\_\_\_\_ Phone# \_\_\_\_\_  
\_\_\_\_\_ Fax# \_\_\_\_\_

TRADE REFERENCES:

1) Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax #: \_\_\_\_\_  
\_\_\_\_\_

2) Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax #: \_\_\_\_\_  
\_\_\_\_\_

3) Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax #: \_\_\_\_\_  
\_\_\_\_\_

D&B RATING: \_\_\_\_\_

**APPLICATION SUMMARY SHEET**

COMPANY NAME & ADDRESS: \_\_\_\_\_

NUMBER OF YEARS IN BUSINESS: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

PURCHASES WILL CONSIST OF: \_\_\_\_\_

CREDIT LIMIT REQUESTED: \_\_\_\_\_

WILL YOU REQUIRE A SALES REPRESENTATIVE TO CALL REGULARLY? \_\_\_\_\_

WHO REFERRED YOU TO BERGEN: \_\_\_\_\_

PURCHASING AGENT: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ARE YOU TAX EXEMPT: \_\_\_\_\_ (please attach tax exempt form)

WOULD YOU LIKE A MONTHLY STATEMENT: \_\_\_\_\_

YOUR BILLING ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

CONTACT: \_\_\_\_\_

YOUR SHIP TO ADDRESS #1: \_\_\_\_\_

YOUR SHIP TO ADDRESS #2: \_\_\_\_\_

CREDIT GUARANTEE

FOR: BERGEN INDUSTRIAL SUPPLY CO.  
30 STEFANIC AVENUE  
P.O. BOX 604  
ELMWOOD PARK, NJ 07407

The undersigned understands that the following information is being submitted for Bergen Industrial Supply Co. and authorizes the investigation of this information.

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_ Tel. # \_\_\_\_\_

Type of Business \_\_\_\_\_ # of years Established \_\_\_\_\_

Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

PRINCIPALS AND/OR OFFICERS:

Name \_\_\_\_\_ Title \_\_\_\_\_ Soc. Sec \_\_\_\_\_

Address \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Soc. Sec \_\_\_\_\_

Address \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Soc. Sec \_\_\_\_\_

Address \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_

FINANCIAL INFORMATION:

Name of Bank(s) \_\_\_\_\_ Address \_\_\_\_\_

Name of Bank(s) \_\_\_\_\_ Address \_\_\_\_\_

TRADE REFERENCES:

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

A 1% service charge and a 1% interest charge will be made on any balance at the end of each month.

If this account is placed in the hands of a bonded collection agency, or attorney for collection, the undersigned shall pay an amount equal to 25% of the unpaid principal and interest as a collection fee, which amount the undersigned agrees is reasonable.

This is to certify that I am a principal in the above business and in consideration for the extension of credit, I do personally guarantee payment of any and all invoices which remain unpaid.

Signature of Principal  
No Title Please

Date \_\_\_\_\_

Printed or Typed Name \_\_\_\_\_

\_\_\_\_\_