

Application for Credit

Return this form to: **PARADOX PRODUCTS**

P.O. Box 157
Cochranville, PA 19330
610-593-6900 / 610-593-6903 fax

PLEASE ATTACH A CURRENT COPY OF YOUR STATE TAX OR BUSINESS LICENSE.

Name of Business _____

Contact Name & Title _____

Mailing Address _____

Shipping Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Email address and/or web site: _____

Legal Name of Firm (if different from above) _____

Form of Ownership: _____ Proprietorship _____ Partnership _____ Corporation (Complete the appropriate sections below)

Proprietor / Partner / Officer
Name _____

Telephone _____

Partner's Name _____ Partner's Name _____

Telephone _____ Telephone _____

Bank Reference Information:

Name _____

Address _____

City, State, Zip _____

Telephone/Fax _____

Business Checking Account # _____

Trade Reference Information:

Name, Telephone _____

Name, Telephone _____

Name, Telephone _____

In order to establish a line of credit for my company, I hereby authorize the above named bank and trade references to release pertinent information to **PARADOX PRODUCTS**, P.O. Box 157 Cochranville, PA 19330. I understand and agree to all sections of the Terms of Sale and personally guarantee payment of any indebtedness.

Signature _____ Print Name _____ Date _____