



**APPLICATION FOR CREDIT**  
**Finnaren & Haley, Inc.**  
**901 Washington Street, Conshohocken, PA 19428**  
**Telephone 610-825-1900 Fax 610-397-0645**

**Finnaren & Haley, Inc. does not discriminate against race, color, religion, sex, National origin, age, marital or veteran status.**

Estimated monthly purchases \$

Purchase order # required on invoices? \_\_\_\_\_  
 Tax exempt # \_\_\_\_\_

Please attach Sales & Use Tax Exempt Certificate (Required)

Applying as:  Corporation \_\_\_\_\_  Partnership  Individual

Trade/Company Name \_\_\_\_\_ D & B Duns # \_\_\_\_\_

If Applicable

Principal \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Partner \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Signatures required below

Billing Address \_\_\_\_\_

City, State, \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone# \_\_\_\_\_ Fax# \_\_\_\_\_

Shipping Address: if other than above \_\_\_\_\_

If your home address is other than above, please indicate:

\_\_\_\_\_ phone \_\_\_\_\_

Rent \_\_\_\_\_ Own \_\_\_\_\_ How long established? \_\_\_\_\_ Former Employer \_\_\_\_\_

Bank Reference \_\_\_\_\_ Account# \_\_\_\_\_

Credit References (preferably Trade Suppliers):

- |    |       |              |             |
|----|-------|--------------|-------------|
| 1. | _____ | phone# _____ | acct# _____ |
| 2. | _____ | phone# _____ | acct# _____ |
| 3. | _____ | phone# _____ | acct# _____ |

1. All balances must be paid within 30 days after statement date. One (1) percent discount may be deducted from your payment if paid within 10 days after receipt of statement.
2. Applicant authorizes Finnaren & Haley to utilize consumer credit reporting agencies to provide reports on said individuals at any time and from any source.
3. Finnaren & Haley, Inc. may assess a penalty of one (1) percent on any balances that are past due by thirty (30) days thereafter on past due balances.
4. Accounts with balances past due by sixty (60) days and more will be on a COD basis.
5. The undersigned agrees to be responsible for all collection costs and attorney's fees in connection with any delinquent amount placed for collection.
6. I / We certify that I have read the above terms and the foregoing information to be correct. I / We do hereby agree jointly and individually, to pay for all goods, wares & merchandise supplied to me or to any of us on the above business.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**\*\* After completing the application, please mail to the above address.  
 Accounts will not be opened until the original application is received at the office.**

**For office use only**

**DATE \_\_\_\_\_ STORE# \_\_\_\_\_ MGR. \_\_\_\_\_ PRICE CODE \_\_\_\_\_ SEGMENT \_\_\_\_\_**