



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 _____