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APPLICATION FOR CREDIT

Company Profile

Name: _____ Established: _____
Address: _____ Federal ID#: _____
City, State, Zip: _____
Phone: _____ Fax: _____
Web Site: _____ E-mail: _____

Corporation Partnership Individual

Company Officers - Name & Title

1. _____ 3. _____
2. _____ 4. _____

Bank Reference

Name: _____ Phone: _____ Fax: _____
Address: _____ Acct #: _____

Credit Reference

Name: _____ Phone: _____ Fax: _____
Address: _____ Acct #: _____

Name: _____ Phone: _____ Fax: _____
Address: _____ Acct #: _____

Name: _____ Phone: _____ Fax: _____
Address: _____ Acct #: _____

Name: _____ Phone: _____ Fax: _____
Address: _____ Acct #: _____

We understand that the above information will be held in the strictest confidence and certify that it is correct. We fully understand your credit terms are Net 30 days and agree to the proper payment in consideration of extended credit. You also have your permission to check our bank rating with our bank.

(Signature) (Name & Title) (Date)