

# **PHAC Products, Inc.** *Master Distributor Since 1976*

PO Box 14863  
Albany, New York 12205

VOICE 518.489.5175 or 1.800.777.PHAC  
LOCAL FAX 518.453.9019 or 800.388.PHAC

## Credit Application

Date: \_\_\_\_\_

### Company Information:

Company Name: \_\_\_\_\_ Dunns # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_ (\_\_\_\_) \_\_\_\_\_ FAX: \_\_ (\_\_\_\_) \_\_\_\_\_

Website: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Contact Information:

Person to Contact: \_\_\_\_\_  
Accounts Payable                      Sales                      Purchasing

Type of Business: Sole Proprietorship (  )                      Limited (  )                      Corporation (  )

Nature Of Business: \_\_\_\_\_

Federal Tax Id : \_\_\_\_\_ Desired Credit Limit: \_\_\_\_\_

### List of Principals and Titles:

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

### Bank Information:

Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_ (\_\_\_\_) \_\_\_\_\_ Contact : \_\_\_\_\_

### References: (Please List Three)

Name	Address	City	State	Zip	Phone#
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Signature of Office: \_\_\_\_\_

Title: \_\_\_\_\_

Branch Information: (If there is more than one location – you can send us your form if desired)

Branch Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_ (\_\_\_\_) \_\_\_\_\_ FAX: \_\_ (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Branch Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_ (\_\_\_\_) \_\_\_\_\_ FAX: \_\_ (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Branch Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_ (\_\_\_\_) \_\_\_\_\_ FAX: \_\_ (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Branch Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_ (\_\_\_\_) \_\_\_\_\_ FAX: \_\_ (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Please Mail or FAX back to :

PHAC Products Inc

PO Box 14863

Albany, NY 12205

PH: 1(800) 777-7422 FAX: 1(800) 388-7422

[info@phacproducts.com](mailto:info@phacproducts.com)

[www.phacproducts.com](http://www.phacproducts.com)