



Associated Fasteners, Inc.

Industrial and Commercial Supply

800-324-0006 * 610-837-9200 * Fax: 610 837-7972
www.associatedfasteners.com
6854 Chrisphalt Drive, P.O. Box C, Bath, Pennsylvania 18014

Customer Credit Application

Company Title: _____
Owner Name: _____ Social Security # _____
Street Address: _____ P.O. Box : _____
City: _____ State: _____ Zip: _____
Phone: (____) _____
Company Title: _____
Owner Name: _____ Social Security # _____
Street Address: _____ P.O. Box : _____
City: _____ State: _____ Zip: _____
Phone: (____) _____

Please provide at least four (4) trade references that we may contact. Please include address and phone numbers. Thank you.

Company Name	Address	Contact Name	Phone #	Fax #

Bank Information

Name of Bank: _____ Officer to Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Branch Name: _____ Phone Number: _____

The signature of the applicant attest financial responsibility, ability and willingness to pay Invoices within the stated terms, both for the Corporation and Individually. I hereby authorize Associated Fasteners, Inc to investigate the listed information pertaining to my/our credit and financially responsibility:

Name: _____ Date: _____



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Customer Application

Company Name: _____	Trading As: _____
"Bill To" Address: _____	"Ship To" Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone: (____) _____	Fax: (____) _____

Type of Business: (Check One) _____ Corporation: _____ Partnership: _____ Individual
Tax Exempt Number: _____ (Please provide our Accounting Office with an annual copy)
Federal Tax ID: _____

Nature of Business: _____ Date Started: _____
Annual Fastener Purchase: \$ _____

We will, upon request, bill your credit card. If you would like us to keep your credit card on file in our Accounting office for routine billing, please provide the following information. You will be provided copies of all transactions charged to your account. ***This information will be kept confidential.***

Type of Card: _____ MasterCard _____ Visa _____ American Express
Card Number: _____ Expiration Date: _____
Security Code from back of Card: _____ (four digits)

****For those customers wishing to set up an Associated Fasteners charge account, please fill out page 2 of this customer application.**