



Allen & Goel Marketing Company: Application for Credit

(Please completely fill out the information requested below and email or fax the completed application to accounting@allengoel.com or 610-337-8848)

GENERAL INFORMATION					DATE:			
Company Name:								
Contact Name:								
Street Address:								
City:			State:		Zip:			
Phone:				Fax:				
Email:								

COMPANY DETAILS						
Type of Business:	<input type="checkbox"/> Corporation	<input type="checkbox"/> S Corp	<input type="checkbox"/> LLC	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship	
In Which State?			Federal ID / Social Security #:			
Year Established:			Dun & Bradstreet #: (if applic.)			
Name of Owners or Corporate Officers:						
Name #1:				Title:		
Email:				Phone:		
Name #2:				Title:		
Email:				Phone:		
Has business ever filed for Bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				

BANKING DETAILS						
Primary Bank of Business:						
Street Address:						
City:			State:		Zip:	
Phone:			Date Established:			
Account#:			Average Balance:			



CREDIT REFERENCES		IMPORTANT: Five (5) references must be provided for your application to receive consideration. Fax number must be provided with each reference.			
Reference 1					
Company Name:					
Street Address:					
City:		State:		Zip:	
Phone:		Credit Limit:		Terms:	
Fax:		Email:			
Reference 2					
Company Name:					
Street Address:					
City:		State:		Zip:	
Phone:		Credit Limit:		Terms:	
Fax:		Email:			
Reference 3					
Company Name:					
Street Address:					
City:		State:		Zip:	
Phone:		Credit Limit:		Terms:	
Fax:		Email:			
Reference 4					
Company Name:					
Street Address:					
City:		State:		Zip:	
Phone:		Credit Limit:		Terms:	
Fax:		Email:			
Reference 5					
Company Name:					
Street Address:					
City:		State:		Zip:	
Phone:		Credit Limit:		Terms:	
Fax:		Email:			



AMOUNT OF CREDIT YOU ARE REQUESTING		FOR INTERNAL USE ONLY	
		Approved Amount	Date
\$			

The statement of information provided in pages 1, 2 and 3 of this credit application is made for the purpose of obtaining merchandise and/or purchasing services from Allen & Goel Marketing Company on credit and this certifies that Allen & Goel Marketing Company may rely on this information as correct. Permission is granted to contact the above references for any credit information desired.

As part of this application, I/We agree to the terms of payment. If at anytime, for any reason the undersigned is unable to pay for purchases when due; the undersigned agrees to a late charge of 1-1/2% per month (18% per year) on the outstanding balances. No verbal agreements recognized. I hereby expressly agree that any amount due to Allen & Goel Marketing Company that is not paid in full within sixty (60) days from due date shall be turned over to a third party for collection. All fees, interest and costs (including attorney's fees) incurred for collection shall be the responsibility of the Customer.

AGREED BY:

Date:	
Full Name of Company:	
Printed Name:	
Title:	
Signature:	

Duly Authorized

PLEASE REMIT COMPLETED SIGNED APPLICATION TO OUR ACCOUNTING DEPARTMENT:

Fax:	610-337-8848	<i>If you have any questions, please do not hesitate to call our accounting department at: 610-337-8411 or our main office at 610-337-8484.. Thank you!</i>
Email:	accounting@allengoel.com	
Mail:	Allen & Goel Marketing Company Attn: Accounting Department 677 West DeKalb Pike (Suite LL) King of Prussia, PA 19406	