



Adams Manufacturing Corp.

Application for Credit Terms

Please fax to Customer Service at (724) 368-9311

P.O. Box 1, 109 West Park Road

Portersville, PA 16051

Phone: (800) 237-8287 • (724) 368-8837

Remit To Address: Adams Mfg. Corp.
P.O. Box 6081
Hermitage, PA 16148-1081

Company Name \_\_\_\_\_

Bill To Address \_\_\_\_\_

Ship To Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Are You A: [ ]Corporation [ ]Partnership [ ]Single Proprietorship

Type of Business: [ ]Retail [ ]Wholesale [ ]OEM [ ]Advertising Specialty [ ]Other

Your EIN# \_\_\_\_\_ Is merchandise for resale? [ ]Yes [ ]No

All tax exempt customers must forward a copy of their Tax Exempt Certificate.

Building: [ ]Owned [ ]Rented [ ]Leased How Long? \_\_\_\_\_

Number of Years in business \_\_\_\_\_ Listed with Dun & Bradstreet \_\_\_\_\_ Duns # \_\_\_\_\_

Bank \_\_\_\_\_ Address \_\_\_\_\_

Account # \_\_\_\_\_ Phone & Contact \_\_\_\_\_

Credit References: Please if possible, provide fax #'s. Most companies today will not give information over the phone.

1) Name: \_\_\_\_\_ Address: \_\_\_\_\_

Fax: \_\_\_\_\_ Account # \_\_\_\_\_ Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Address: \_\_\_\_\_

Fax: \_\_\_\_\_ Account # \_\_\_\_\_ Phone: \_\_\_\_\_

3) Name: \_\_\_\_\_ Address: \_\_\_\_\_

Fax: \_\_\_\_\_ Account # \_\_\_\_\_ Phone: \_\_\_\_\_

Application submitted by: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Any application that is returned unsigned and without the proper title and date will not be processed.

To be completed by Adams Mfg.

Application processed by: \_\_\_\_\_ Date: \_\_\_\_\_

Terms: \_\_\_\_\_ Credit Limit: \_\_\_\_\_

Reason, if any for denial of credit: \_\_\_\_\_

\_\_\_\_\_