



**CREDIT APPLICATION**

DATE: \_\_\_\_\_

FAX COMPLETED CREDIT  
FORM TO: 516-484-1966

Maximum credit applied for \$ \_\_\_\_\_

NAME OF FIRM: \_\_\_\_\_

PHONE #: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

(NOTE: IF IN NY STATE, PLEASE INCLUDE TAX RESALE CERTIFICATE WITH APPLICATION.)

KIND OF BUSINESS: \_\_\_\_\_

NAME OF OFFICERS/OWNERS OF  
FIRM: \_\_\_\_\_

YEARS ESTABLISHED: \_\_\_\_\_

IS BUSINESS INCORPORATED? \_\_\_\_\_

BANK AFFILIATION (NAME,  
ADDRESS, CITY & STATE): \_\_\_\_\_

BANK OFFICER: \_\_\_\_\_

BANK PHONE #: \_\_\_\_\_

BANK FAX #: \_\_\_\_\_

(NOTE: PLEASE INCLUDE ON LETTERHEAD, NOTE WITH ACCOUNT # AUTHORIZING YOUR BANK  
TO RELEASE INFORMATION).

NAME OF AUTHORIZED BUYERS ON  
ACCOUNT: \_\_\_\_\_

ARE PURCHASE ORDERS  
NECESSARY TO CHARGE TO YOUR  
ACCOUNT? \_\_\_\_\_

TRADE REFERENCES:

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

PHONE# \_\_\_\_\_ PHONE# \_\_\_\_\_ PHONE# \_\_\_\_\_

FAX# \_\_\_\_\_ FAX# \_\_\_\_\_ FAX# \_\_\_\_\_

NOTE: IF ACCOUNT IS AUTHORIZED TO PURCHASE ON OPEN ACCOUNT, BE IT UNDERSTOOD THAT ALL PURCHASES  
BE DUE AND PAYABLE BY TENTH OF MONTH FOLLOWING DATE OF PURCHASE. THE UNDERSIGNED OFFICIAL, TO  
INDUCE THE GRANTING OF CREDIT TO THE ABOVE-NAMED FIRM, HEREBY PERSONALLY GUARANTEES THE  
COMPANY'S CREDIT

SIGNED BY: \_\_\_\_\_  
INDIVIDUALLY AND AS AN OFFICER  
OF THE FIRM



NEW ACCOUNT SETUP FORM

FAX COMPLETED SETUP FORM TO 516-484-5921

DATE: \_\_\_\_\_

NAME OF COMPANY:	
PHONE #	
MAIN FAX #:	
WEB SITE ADDRESS:	
MAIN BRANCH/COMPANY E-MAIL ADDRESS:	
ACCOUNTS PAYABLE CONTACT NAME:	
OFFICE MANAGER CONTACT NAME:	
BASEBOARD PURCHASING CONTACT:	
BOILER PURCHASING CONTACT:	
RADIANT (PEX) PURCHASING CONTACT:	
BILLING ADDRESS:	
BILLING CITY/STATE	
PRIMARY SHIPPING ADDRESS (IF DIFFERENT FROM BILLING):	
PRIMARY SHIPPING CITY/STATE	
PARENT COMPANY (IF ANY):	

<u>PRICING CATEGORIES</u>	(STOCKING CATEGORY REQUESTED)
RESIDENTIAL BASEBOARD	
COMMERCIAL BASEBOARD	
PEX	
RESIDENTIAL BOILERS	
COMMERCIAL BOILERS	

**INVOICING AND ORDER ACKNOWLEDGEMENT DELIVERY**

*CIRCLE ONE FOR THE BRANCH LOCATION/COMPANY FOR EACH OF THE FOLLOWING*

ORDER ACK.: FAX # \_\_\_\_\_ MAIL E-MAIL \_\_\_\_\_

INVOICES: FAX # \_\_\_\_\_ MAIL E-MAIL \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY REGIONAL MANAGER**

DEFAULT TERMS:	
SALESMAN:	
REGIONAL MANAGER:	