



Consolidated Storage Companies, Inc.

225 Main Street, Tatamy, PA 18085
Phone: 610-253-2775 - Fax: 610-253-4707

www.equipto.com

NEW CUSTOMER CREDIT APPLICATION

Firm Name: _____ Telephone: _____ Fax: _____

Billing Address: _____ Shipping Address: _____

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

Contact Info: _____ Email address: _____

Fed ID #: _____ Business Type: Limited Corp. Chptr. C Chptr. S

Duns #: _____ Business Ownership: Sole Owner Partnership General

d/b/a or Tradestyle: _____ Business Type: Retail or Wholesale

Date Established: _____ State of Incorporation: _____ Year of Incorporation: _____

PRINCIPALS:

Name: _____ Title: _____ SSN: _____

Name: _____ Title: _____ SSN: _____

Name: _____ Title: _____ SSN: _____

ADMINISTRATION:

Accts Payable Mgr.: _____ Purch. Mgr.: _____

TRADE REFERENCES: The references listed should have provided credit to you with in the last 12 months in an amount equal to or greater than the amount of credit you are requesting from Equipto.

Bank: _____ Telephone: _____ Fax: _____

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

Contact: _____ Acct. #: _____

Trade: _____ Telephone: _____ Fax: _____

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

Contact: _____ Acct. #: _____

Trade: _____ Telephone: _____ Fax: _____

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

Contact: _____ Acct. #: _____

Trade: _____ Telephone: _____ Fax: _____

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

Contact: _____ Acct. #: _____

AMOUNT OF CREDIT DESIRED: \$ _____ Annual Sales: \$ _____

ATTACH CURRENT FINANCIAL STATEMENT

I/we understand that the information furnished to you is for the purposes of obtaining credit from CSC. I am/we are authorized, in my/our capacity, to bind my/our firm accordingly. All charges, invoices, and payments are due and to CSC. A service charge will be assessed on late payments at the rate of interest allowed by law. CSC terms are: Net 30 days from date of invoice.

Signature: _____ Title: _____

Please Print Name: _____ Date: _____