

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

Billing Address: Shipping Address: State: Zip: City: State: Zip: Contact Info: Email address: Business Type: Limited Corp. Chptr. C Chptr. S Duns #: Business Type: Limited Corp. Chptr. C Chptr. S Duns #: Business Type: Limited Or Wholesale Duns #: Business Type: Retail Or Wholesale Duns #: State of Incorporation: Year of Incorporation: Year of Incorporation: Year of Incorporation: PRINCIPALS: Principal State	Firm Name:			_ Telephone:	Fa	ıx:	
City: State: Zip: 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 Ownership: Sole Owner Partnership General d/b/a or Tradestyle: State of Incorporation: Year of Incorporation: Partnership Shame: State of Incorporation: Year of Incorporation: Shame: Shame: Title: Shame: Shame: Title: Shame: Shame: Title: Shame: Shame: Title: Shame: Sha	Billing Address:			Shipping Addre	ess:		
Email address:	-						
Business Type: Limited Corp. Chptr. C Chptr. S							
Duns #:							
d/b/a or Tradestyle:					_	-	-
Date Established: State of Incorporation: Year of Incorporation: PRINCIPALS: Name: Title: SSN: SSN: Name: Title: SSN: Name: Title: SSN: Name: Title: SSN: Name:							
Name: Title: SSN: Name: Title: SSN: Name: Title: SSN: SSN: SSN: SSN: SSN: SSN: SSN: SS							
Name: Title: SSN: Name: Title: SSN: Name: Title: SSN: SSN: SSN: SSN: SSN: SSN: SSN: SS			•		-		
Name: Title: SSN: Name: Title: SSN: SSN: Title: SSN: SSN: Title: SSN: SSN: SSN: SSN: SSN: SSN: SSN: SS			Title		SSN.		
Name:							
ADMINISTRATION: Accts Payable Mgr.:Purch. Mgr.:							
Accts Payable 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: Zip: Acct. #: Trade: Acct. #: Trade: Telephone: Fax: Acct. #: Acdress: City: State: Zip: Acct. #: Trade: Acct. #: Trade: Acct. #: Trade: Acct. #: Trade: Telephone: Fax: Acct. #: Trade: Acct. #: Trade: Acct. #: Trade: Acct. #: Trade: Acct. #: Address: City: State: Zip: Acct. #: Trade: Acct. #: Address: City: State: Zip: Acct. #: Address: Acct. #: Address: Acct. #: Trade: Acct. #: Trade: Acct. #: Acct. #: Address: Acct. #: Address: Acct. #: Acct.				Durch Mar			
amount equal to or greater than the amount of credit you are requesting from Equipto. Bank:	Accis i ayabic ivigi			I ulcii. Mgi	•••		
Address: City: State: Zip: Contact: Acct. #: Trade: Telephone: Fax: Address: City: State: Zip: Contact: Acct. #: Trade: Telephone: Fax: Acct. #: Trade: Acct. #: Trade: Telephone: Fax: Acct. #: Trade: Telephone: Fax: Acct. #: Address: City: State: Zip: Contact: Acct. #: Trade: Acct. #: Trade: Telephone: Fax: Acct. #: Trade: Acct. #:	amount equal to or greater than	n the amount	of credit you ar	e requesting fron	n Equipto.		
Contact:							
Trade:							
Address: City: State: Zip:							
Contact:							
Trade: Telephone: Fax: Address: City: State: Zip: Contact: Acct. #: Trade: Acct. #: Trade: Telephone: Fax: Acct. #: Contact: State: Zip: State: Zip: Acct. #: Address: City: State: Zip: Acct. #: AMOUNT OF CREDIT DESIRED: \$ Annual Sales: \$ Annual Sale							
Address:	Trade:						
Contact:Acct. #:				_			
Trade: Telephone: Fax:							
Address:	Trade:		Tele				
Amount of Credit desired: Amount of Credit desired: Annual Sales: Annual Sales: 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 lar payments at the rate of interest allowed by law. CSC terms are: Net 30 days from date of invoice. Signature: Title:							
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 lar payments at the rate of interest allowed by law. CSC terms are: Net 30 days from date of invoice. Signature:							
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 lar payments at the rate of interest allowed by law. CSC terms are: Net 30 days from date of invoice. Signature:	AMOUNT OF CREDIT DESIR	RED: \$		Annual	Sales: \$		
capacity, to bind my/our firm accordingly. All charges, invoices, and payments are due and to CSC. A service charge will be assessed on lar payments at the rate of interest allowed by law. CSC terms are: Net 30 days from date of invoice. Signature:							
	capacity, to bind my/our firm accor	dingly. All cha	rges, invoices, and	payments are due a	and to CSC. A service cha		
Please Print Name:Date:	Signature:			Title:			
	Please Print Name:			Date:			