



1970 Broad Street
 East Petersburg, PA 17520
 Phone (717) 560-4703
 Fax (717) 560-4702

Credit Application

PLEASE PRINT ALL INFORMATION CLEARLY

Amount of Credit applied for: \$ _____
 dba/Company Name _____
 Address _____
 City _____ State _____ Zip/Postal Code _____ Country _____
 Phone (____) _____ FAX (____) _____ Email Address: _____

Type of Business: (please check one) Corporation Proprietor Partnership
 In Business Since: _____ Do you sell retail? ____ Sales Tax #: _____ State: _____
 Primary business: _____

BANK REFERENCE:

Bank Name _____ Account #: _____
 Bank contact _____ Account Type: _____
 Address _____
 Phone #: _____ ****Fax** _____

TRADE REFERENCES:

Company Name	1.	2.	3.
Account Number			
Contact Name			
Address			
City, State, Zip			
Phone			
**Fax			

****Please include fax number for prompt processing of your application**

Name of responsible party: _____ Title: _____
 Home address of responsible party: _____
 _____ Home phone: _____
 Signature _____ Date: _____

Signature authorizes **Fox Chapel Publishing Co., Inc.** to obtain information for the purpose of establishing credit.
 All responses will be held in strict confidence. Complete information and signature are required to process credit application.