

APPLICATION FOR CREDIT

From: _____

Telephone: _____
Fax #: _____
E-Mail: _____

To: Paul Dyeing Company
P.O. Box C
Whippany, NJ 07981

Telephone: 973-484-1121
Fax: 973-484-4822

The following information must be completed in full---all information will be held in the strictest confidence.

OWNERSHIP

Type of Business _____
Name (President) _____
Name (Secretary) _____
Name (Treasure) _____

Year Established _____

FINANCE

Bank Name _____
Bank Address _____
City _____ State _____ Zip _____

REFERENCES

- 1. Company _____ Contact _____
Telephone # _____ Fax _____
- 2. Company _____ Contact _____
Telephone # _____ Fax _____
- 3. Company _____ Contact _____
Telephone # _____ Fax _____

I (we) certify that the information above is true and correct, and that we can and will comply with your terms.

Date _____ Signed _____ Signed _____