



**Yonie's Harness Shop**

435 Churchtown Rd.  
Hony Brook, PA 19344  
610-273-7370

Status Requested: (Please Check One)

- ☐ Open Account 2% 10 Net 30 Days  
☐ C.O.D. Check Accepted

# CREDIT APPLICATION FORM

Personal Name \_\_\_\_\_  
Business Name \_\_\_\_\_  
Business Address \_\_\_\_\_  
City / State / Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Federal Identification Number \_\_\_\_\_  
State Sales Tax Number \_\_\_\_\_

PLEASE LIST SUPPLIERS THAT YOU PURCHASE MERCHANDISE FROM ON A REGULAR BASIS WITH THE TERMS YOU HAVE REQUESTED

## TRADE REFERENCE #1

Business Name \_\_\_\_\_ Account Number \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## TRADE REFERENCE #2

Business Name \_\_\_\_\_ Account Number \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## TRADE REFERENCE #3

Business Name \_\_\_\_\_ Account Number \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

What other Suppliers do you purchase from?

Supplier

Phone

Fax

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

- Please indicate estimated dollar amount you will be purchasing in any give 30 day period.

☐ UP TO \$500.00

☐ \$500 - \$1,000

☐ \$1,000 - \$2,500

☐ \$2,500 - \$5,000

☐ \$5,000 - \$10,000

☐ \$10,000 +

## BANK REFERENCE

Bank Name \_\_\_\_\_ Checking Account # \_\_\_\_\_ Bank Contact \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Number of Employees \_\_\_\_\_

Number of Years in Business  
Under this Name \_\_\_\_\_

Credit Line Requested \_\_\_\_\_

Type of Business ☐ Manufacturing ☐ Retail Store  
☐ Mobile Store ☐ Repair Shop

All Statements made herein are true and accurate to the best of our knowledge. We authorize the above company to make any and all inquiries necessary for action on this credit application. We hereby indemnify the above company and its agents, from any liability resulting from their credit survey.

AUTHORIZED  
SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ CREDIT  
APPROVED AMOUNT \$ \_\_\_\_\_

☐ CREDIT  
DISAPPROVED

BY \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_