



1131 State Route 12, Frenchtown, NJ 08825  
Tel: 908-284-0776 | Fax: 908-284-1138 | [www.durawear.com](http://www.durawear.com)

Please email the completed application to [accounting@durawear.com](mailto:accounting@durawear.com)

### CREDIT APPLICATION

FIRM / INDIVIDUAL: \_\_\_\_\_ No. YEARS IN BUSINESS \_\_\_\_\_

BILL TO ADDRESS: \_\_\_\_\_ No. YEARS AT THIS ADDRESS \_\_\_\_\_  
Main Tel No. \_\_\_\_\_

**(Required) EMAIL ADDRESS FOR SUBMITTING INVOICES:** \_\_\_\_\_

SHIP TO ADDRESS: \_\_\_\_\_ Main Fax No. \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT: \_\_\_\_\_ PHONE No. / Ext. \_\_\_\_\_

**(Required) EMAIL ADDRESS For A/P Contact:** \_\_\_\_\_

PURCHASING CONTACT: \_\_\_\_\_ PHONE No./Ext. \_\_\_\_\_

**(Required) Email Address for Purchasing Contact:** \_\_\_\_\_

*The following information must be completed in full and will be held in the strictest confidence.*

Corporation  Partnership  Individual / Sole Proprietorship  FEDERAL ID or SS No. \_\_\_\_\_

**Must list all the names of the following:**

OWNER(s) / PRESIDENT \_\_\_\_\_

OFFICER / SECRETARY \_\_\_\_\_

BANK (NAME & ADDRESS) \_\_\_\_\_

Account No. \_\_\_\_\_ Tel No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Credit Amount Requested: \_\_\_\_\_

DURAWEAR accepts VISA, MASTERCARD & AMERICAN EXPRESS as payment options. If desired to pay by credit card please write credit card in the first "Business Name" field and bypass the trade references. A representative will contact you to acquire the credit card information.

**TRADE REFERENCES: *Due to corporate identity theft all four references are required along with complete address & contact information!***

1. Business Name: \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Phone & Email: \_\_\_\_\_

2. Business Name: \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Phone & Email: \_\_\_\_\_

3. Business Name: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Phone & Email: \_\_\_\_\_

4. Business Name: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Phone & Email: \_\_\_\_\_

Is company or agency tax-exempt? YES \_\_\_\_\_ NO \_\_\_\_\_ (If yes please include copy of tax exempt certificate)

We certify that all information on this form is correct and that we fully understand your credit terms are Net 30 days from the date of the invoice and agree to the proper payment in consideration of extended credit.

**MUST BE SIGNED BY AN OFFICER:** This credit application authorizes Durawear Glove & Safety Co. to obtain needed credit information of the above listed company or person.

Signed: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Print \_\_\_\_\_