



30 Royal Road Suite 4 Flemington New Jersey 08822-6042
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CREDIT APPLICATION

Please email the completed application to accounting@durawear.com or fax to 908-284-1138

FIRM / INDIVIDUAL: _____ No. YEARS IN BUSINESS _____

BILL TO ADDRESS: _____ No. YEARS AT THIS ADDRESS _____

_____ Main Tel No. _____

SHIP TO ADDRESS: _____ Main Fax No. _____

ACCOUNTS PAYABLE CONTACT: _____ PHONE No. / Ext. _____

(Required) Email Address for Accounts Payable Contact: _____

CONTACTS AUTHORIZED FOR PURCHASING _____ 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, Fax & Email: _____

2. Business Name: _____

Address, City, State, Zip _____

Phone, Fax & Email: _____

3. Business Name: _____

Address, City, State, Zip: _____

Phone, Fax & Email: _____

4. Business Name: _____

Address, City, State, Zip: _____

Phone, Fax & Email: _____

Has company filed for bankruptcy within the past three years? YES _____ NO _____

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 _____