



CREDIT APPLICATION - COMPANY PROFILE

PLEASE PROVIDE THE FOLLOWING INFORMATION AND FAX BACK ATTN: CREDIT DEPT. @ (973) 523-5460

Company Name _____ Owner _____
Street Address _____ Contact _____
City _____ E-mail _____
State/Zip _____ Federal/Tax ID # _____
Telephone # _____ Bank Name _____
Fax # _____ Bank Telephone # _____
Company Website _____ Checking Account _____

REFERENCES

Company Name	Account #	Phone #	Fax # (mandatory)
Company Name	Account #	Phone #	Fax # (mandatory)
Company Name	Account #	Phone #	Fax # (mandatory)
Company Name	Account #	Phone #	Fax # (mandatory)

CREDIT CARD AUTHORIZATION FORM (For back-up and security purposes only)

Credit Card # _____ Expiration Date _____ / _____ Security Code* _____
Visa/MasterCard Last 3-digit number printed on the back of card right in signature panel. Amex 4-digit code printed on front of your card.

Cardholder's Name _____ Phone _____

Billing Address _____ City _____ State _____

Zip Code _____ Email _____

IN THE EVENT OF A RETURNED CHECK, PECATA ENT.INC., HAS THE AUTHORITY TO CHARGE THIS CREDIT CARD THE AMOUNT OF THE CHECK PLUS A \$25.00 RETURNED CHECK ADMINISTRATION FEE. IN THE EVENT THAT MY NET 30 ACCOUNT IS PAST DUE (FROM DATE OF INVOICE) AND ALL EFFORTS HAVE BEEN MADE BY PECATA ENT.INC. TO COLLECT PAST DUE FUNDS, THE FULL AMOUNT DUE WILL BE CHARGED TO MY ACCOUNT (YOU WILL BE NOTIFIED VIA PHONE OR FAX BEFORE CHARGE IS PROCESSED).

I hereby authorize the release of credit information requested by Pecata ent. inc. for the purpose of credit approval with this company.

X _____ X _____
Signature Please Print Name
Position _____ Date _____

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