



FASTENER SYSTEMS, INC.

640 SNYDER AVE, UNIT I

WEST CHESTER, PA 19382

FAX: 610-692-8151

610-692-6658

CREDIT APPLICATION

DATE: _____

CUSTOMER: _____

SHIP TO: _____

TELEPHONE: _____
CELL # _____

FAX#: _____

PERSON TO CONTACT: _____ PURCHASING
_____ ACCOUNTS PAYABLES

TAX EXEMPT IN PA? (Y/N) _____ IF YES, PLEASE FAX CERTIFICATE
CORPORATION _____ PARTNERSHIP _____ PROPRIETORSHIP _____

BANK REFERENCE

PHONE: _____ ACCT. # _____

With my signature, I hereby give Fastener Systems, Inc. permission to contact our bank and trade references in order to secure credit information for our company.

Signature

TRADE REFERENCES

WE MUST HAVE FAX NUMBERS TO PROCESS

1 _____

PHONE _____
FAX _____

2 _____

PHONE _____
FAX _____

3 _____

PHONE _____
FAX _____

4 _____

PHONE _____
FAX _____