



# YORK FASTENERS INC

49 WOODLAND AVE YORK PA 17404  
PHONE (717)848-6117 FAX (717)845-8182

*QUALITY FASTENERS AND HAND TOOLS*

## CREDIT APPLICATION

OPERATING NAME: \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

FAX (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

BILLING ADDRESS:

STREET \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_ ZIP \_\_\_\_\_

SHIPPING ADDRESS: (IF DIFFERENT)

STREET \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_ ZIP \_\_\_\_\_

APPLICATION FOR CREDIT IS HEREBY MADE AND THE FOLLOWING REFERENCES GIVEN. IT IS UNDERSTOOD THAT THIS INFORMATION WILL BE HELD IN STRICT CONFIDENCE AND USED ONLY BY OUR CREDIT DEPARTMENT.

WE UNDERSTAND THAT YOUR CREDIT TERMS WILL BE NET 30 DAYS AND WE AGREE TO COMPLY WITH THEM. IN THE EVENT THAT FULL PAYMENT IS NOT MADE WITHIN THESE TERMS WE AGREE TO PAY A FINANCE CHARGE CALCULATED AS A PERIODIC RATE OF 1-1/2 % PER MONTH WHICH IS AN ANNUAL RATE OF 18 % ADDED TO THE PREVIOUS BALANCE AFTER DEDUCTING CURRENT PAYMENTS, AND / OR CREDITS APPEARING ON THE STATEMENT PLUS ANY COSTS INCURRED WHILE COLLECTING OUR ACCOUNT SHOULD IT BECOME DELINQUENT.

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

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

**CREDIT REFERENCES**

BANK NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CONTACT: \_\_\_\_\_

-1-  
NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

FAX: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CONTACT: \_\_\_\_\_

-2-  
NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

FAX: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CONTACT: \_\_\_\_\_

-3-  
NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

FAX: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CONTACT: \_\_\_\_\_

-4-  
NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

FAX: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CONTACT: \_\_\_\_\_