

NYP CORP
805 EAST GRAND ST ELIZABETH NJ 07201
800-524-1052 FAX 908-351-9655

CREDIT APPLICATION

PLEASE COMPLETE THE INFORMATION BELOW AND FAX, EMAIL OR MAIL BACK. THANK YOU.

DATE:

NAME:

COMPANY:

ADDRESS:

CITY/STATE/ZIP:

PHONE:

BANK REFERENCES

BANK:

ADDRESS:

CITY STATE ZIP:

PHONE:

ACCOUNT NUMBER:

CONTACT/TITLE:

RELEASE OF INFORMATION

I HEREBY AUTHORIZE MY BANK, TO GIVE NYP CORP THE REQUESTED INFORMATION:

TRADE REFERENCES

Company:

Address:

Phone:

Contact/Title:

Company:

Address:

Phone:

Contact/Title:

Company:

Address:

Phone:

Contact/Title:

SIGNATURE/TITLE: _____ DATE: _____

REQUESTED LINE OF CREDIT:

Social Security # _____ Federal ID# _____

State Tax Exempt # * _____

*PLEASE FURNISH US WITH A FULLY COMPLETED TAX CERTIFICATE IN ORDER FOR US TO ACCEPT YOUR EXEMPT AS VALID.