



Date:

Company:

Attn:

Fax#

Thank you for your interest in Allen Field Co., Inc. For your convenience our credit application is enclosed. ***Please fax the completed application to (631) 756-0436.*** Upon receipt, we will begin our credit investigation. It may take up to 7 business days from the date of receipt to complete the necessary credit inquires.

In order to expedite this process, please, all of the necessary information is made available by completing the credit application. We require all contact information including ***contact name*** and ***fax numbers*** for your bank and trade references. If your company has a standard reference sheet, please enclose with the completed application. Additionally, the bank authorization form ***must*** be completed and signed by an officer of your company.

A deposit may be required for this order depending on the outcome of your credit review. Should this apply, we will advise you of the deposit required for your order with the balance to be paid in Net 30 day terms.

Should you have any questions regarding your credit status with Allen Field Co., Inc., please, do not hesitate to call me.

Sincerely,

Len Vigliatore
631-756-0810 Ext. 115

** If you are requesting a credit line of \$10,000.00 or more, please, include a copy of your latest financial statement. Thank you in advance for your prompt response.

P.O. Box 3069, 144 Allen Blvd., Farmingdale, N.Y. 11735 Ph: (631) 756-0810 Fax: (631) 756-0436
Email: info@allenfield.com Website: www.allenfield.com



Return via Fax to:

Len Vigliatore
Phone: 631-756-0810 Ext. 115
Fax: 631-756-0436

Bank Authorization Release Form

TO BE COMPLETED BY APPLICANT:

Company Name: _____

I _____ authorize my bank to give Allen Field Co., Inc. financial information in regards to our account and credit status.

Signature: _____ Title _____

Bank Info:

Bank Name: _____

Address: _____

City _____ State _____ Zip _____

Contact: _____

Account # _____

Phone # _____

Fax # _____

TO BE COMPLETED BY BANK:

Date account was opened _____

Balance - High / Low Figures (4) _____ (5) _____ (6) _____ (7) _____ (8) _____

Credit Standing _____

Secured Credit _____

Unsecured Credit _____



Please be aware that some banks are charging a fee to process credit inquiries. It is our Policy NOT to pay for credit information. If the bank provided charges a fee, please, make arrangements to have the fee covered by your company. To expedite the process, please, be sure to include fax number and account number for ALL references.

Attn: Credit Inquiry Dept. / Fax# _____
Company: _____
Date: _____
Return via Fax to: Len Vigliatore Fax# 1(631) 756-0436

REQUEST FOR CREDIT REFERENCE FOR THE COMPANY LISTED BELOW

Co. Name: _____
Address: _____
City: _____ State: ____ Zip: _____

Credit From _____ To _____

Terms Extended _____ Net 30 _____ Net 60 _____ Net 90
(pick one)

High Credit Extended _____
Present Balance _____
Any Past Due Amount _____

Payment Record

Discounts _____
Prompt _____
Slow _____
Satisfactory _____
Unsatisfactory _____
C.O.D. Only _____



COMPANY NAME _____

STREET ADDRESS _____ CITY _____ STATE/ZIP _____

BILLING ADDRESS _____ CITY _____ STATE/ZIP _____

PHONE NUMBER _____ FAX NUMBER _____ WEB ADDRESS _____

PURCHASING CONTACT _____ PHONE NO. _____ EMAIL ADDRESS _____

ACCOUNTS PAYABLE CONTACT _____ PHONE NO. _____ EMAIL ADDRESS _____

CHECK ONE

TYPE OF BUSINESS:

MANUFACTURER RETAIL WHOLESALE UNDEFINED

TYPE OF ORGANIZATION:

CORPORATION PARTNERSHIP SOLE PROPRIETOR OTHER

CREDIT TERMS REQUESTED:

CASH IN ADVANCE C.O.D. NET 30 CREDIT CARD OTHER _____

d&d number:	federal i.d. number:	tax exempt number:
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PRINCIPALS/OWNER (S)

NAME _____ TITLE _____ PHONE NUMBER _____

NAME _____ TITLE _____ PHONE NUMBER _____

TRADE REFERENCE -OR- INCLUDE YOUR COMPANY'S REFERENCE SHEET (MUST INCLUDE FAX #'S)

NAME _____ ADDRESS _____ CITY _____ STATE/ZIP _____

CONTACT _____ PHONE NUMBER _____ FAX NUMBER _____

NAME _____ ADDRESS _____ CITY _____ STATE/ZIP _____

CONTACT _____ PHONE NUMBER _____ FAX NUMBER _____

NAME _____ ADDRESS _____ CITY _____ STATE/ZIP _____

CONTACT _____ PHONE NUMBER _____ FAX NUMBER _____

NAME _____ ADDRESS _____ CITY _____ STATE/ZIP _____

CONTACT _____ PHONE NUMBER _____ FAX NUMBER _____

AUTHORIZED SIGNATURE _____ TITLE _____ DATE _____

FOR OFFICIAL USE ONLY

CREDIT APPROVED BY:	SALESPERSON:	DATE:	ACCOUNT NUMBER:
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