



Date:
Company:
Attn:
Email:

Thank you for your interest in Allen Field Co., Inc. For your convenience our credit application is enclosed. ***Please email the completed application to ar@allenfield.com.*** Upon receipt, we will begin our credit investigation. It may take up to 7-10 business days to complete the necessary credit inquiries.

In order to expedite this process, please, make sure that the necessary information is made available by completing the credit application. We require all contact information including ***contact name*** and email address/ 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,

Marianne Franzone

Accounts Receivable

AllenField Co., Inc.

Tel: 631.756.0810 x105

Fax: 631.756.0436

E-mail: marianne@allenfield.com

Web: www.allenfield.com

Facebook: <http://www.facebook.com/AllenFieldCo>

Twitter: <http://twitter.com/AllenField>

The Mission of Allen Field Company, Inc. is to assist in the Design and Manufacturing of quality components for our customers using our capabilities and experience in plastic injection molding, die-casting, metal-stamping and woodworking.



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Title		Date business commenced	
Company name		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	DUNS#
Phone Fax			Fed ID #
E-mail			How long at current address?
Registered company address City, State ZIP Code			

BUSINESS/TRADE REFERENCES

Company name	Phone
Address	Fax
City, State ZIP Code	E-mail
Type of account	Other
Company name	Phone
Address	Fax
City, State ZIP Code	E-mail
Type of account	Other
Company name	Phone
Address	Fax
City, State ZIP Code	E-mail
Type of account	Other

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Microsoft to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Signature	Signature
Name and Title	Name and Title
Date	Date



TO BE COMPLETED BY APPLICANT:

Company Name: _____

Company Address: _____

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 # _____

Email/Fax # _____