

**PENN STATE CONSULTANTS, INC.**

56 Artisan Way, Unit #7, Smyrna, DE 19977

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**CREDIT APPLICATION**

PLEASE COMPLETE AND SIGN THIS CREDIT APPLICATION IN ORDER TO BE CONSIDERED FOR OPEN ACCOUNT STATUS. IF THE INFORMATION SUPPLIED IS INCOMPLETE OR FOUND TO BE INCORRECT, THIS MAY DELAY THE PROCESSING OF THE APPLICATION AND COULD AFFECT PROMPT DELIVERY OF PRODUCTS OR SERVICES.

**YOUR BUSINESS INFORMATION**

Business Name \_\_\_\_\_ Type of Business \_\_\_\_\_
DBA \_\_\_\_\_ Shipping Address \_\_\_\_\_
Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_
Phone Number( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_
Accounts Payable Contact \_\_\_\_\_ Fax # ( ) \_\_\_\_\_
Year Incorporated \_\_\_\_\_ State \_\_\_\_\_ Years in Business \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_

**OFFICERS, PARTNERS OR PRINCIPALS**

Complete Applicable Section:  Individual  Partnership  Corporation  Subsidiary of \_\_\_\_\_
Owner's or Partner's Names:  LLC
1. \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Title \_\_\_\_\_ Social Security #: \_\_\_\_\_
2. \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Title \_\_\_\_\_ Social Security #: \_\_\_\_\_

**BANKING REFERENCES**

Bank Name \_\_\_\_\_ Checking Account # \_\_\_\_\_
Address \_\_\_\_\_ Savings Account # \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_

**TRADE REFERENCES**

(List only business in your industry you currently have a working relationship with; No personal references please)

TRADE (1) \_\_\_\_\_ Account # \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Tel # ( ) \_\_\_\_\_
Services Sold or Performed \_\_\_\_\_ Fax # ( ) \_\_\_\_\_
TRADE (2) \_\_\_\_\_ Account # \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Tel # ( ) \_\_\_\_\_
Services Sold or Performed \_\_\_\_\_ Fax # ( ) \_\_\_\_\_
TRADE (3) \_\_\_\_\_ Account # \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Tel # ( ) \_\_\_\_\_
Services Sold or Performed \_\_\_\_\_ Fax # ( ) \_\_\_\_\_

AMOUNT OF CREDIT REQUESTED: \_\_\_\_\_

FOR ALL APPLICATIONS IN EXCESS OF \$20,000, OR CUSTOMERS WHO HAVE BEEN IN BUSINESS FOR LESS THAN 2 YEARS, PLEASE ATTACH LAST TWO YEAR-END FINANCIAL STATEMENTS OR TAX RETURNS WITH THIS APPLICATION. APPLICATIONS ARE VALID FOR 90 DAYS. INFORMATION IS CONFIDENTIAL AND FOR THE SOLE PURPOSE OF DETERMINING CREDIT AND FINANCIAL RESPONSIBILITY. BY SIGNING THIS APPLICATION, I(WE) RECOGNIZE PENN STATE CONSULTANTS, INC./SURVEYORS MART'S TERMS AND CONDITIONS OF SALE, AND I(WE) AUTHORIZE PENN STATE CONSULTANTS, INC. OR ITS AGENTS TO INVESTIGATE MY BUSINESS AND PERSONAL CREDIT AND FINANCIAL RECORDS, INCLUDING BANKING RECORDS. A PHOTOCOPY OR FAX OF THIS RELEASE WILL ACT AS AN ORIGINAL.

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND AGREE TO THE TERMS SHOWN.

SIGNATURE OF OWNER/PARTNER OR OFFICER \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_
PRINT NAME \_\_\_\_\_
AUTHORIZED SIGNATURE OTHER THAN ABOVE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_