



CREDIT APPLICATION

Please complete this form as completely as possible and forward to us. All requests for credit and terms are subject to our approval.

Melfast, Inc. 18 Passaic Avenue
Fairfield, New Jersey 07004

Phone: 973-227-0045
Fax: 973-808-5603
Email: credit@melfast.com

BUSINESS INFORMATION

Company Name:	
DBA:	
Date Incorporated:	State Incorporated:
Tax I.D.#:	Duns #:
Company Owner or Presidents Name:	
Estimated gross annual sales for current year:	

BUSINESS ADDRESSES

Address:		Years at Location?
City:	State:	ZIP Code:
Phone:	Fax:	Own or Lease?
Domain:		
If less than 5 years at current location please provide previous address		
Previous Address:		Years at location
City:	State:	ZIP Code:
Phone:	Fax:	Own or Lease?
Domain:		

BANK REFERENCE

Bank Name:		
Address:		
City:	State:	ZIP Code:
Contact Name:		
Phone:	Fax:	E-mail:
Account (s):		
Account Type:	Account #:	
Account Type:	Account #:	
Account Type:	Account #:	

TRADE REFERENCE		
Company Name:		
Address:		
City:	State:	ZIP Code:
Contact Name:		
Phone:	Fax:	E-mail:
Account (s):		
Account Type:	Outstanding Balance:	
Account Type:	Outstanding Balance:	
Account Type:	Outstanding Balance:	

TRADE REFERENCE		
Company Name:		
Address:		
City:	State:	ZIP Code:
Contact Name:		
Phone:	Fax:	E-mail:
Account (s):		
Account Type:	Outstanding Balance:	
Account Type:	Outstanding Balance:	
Account Type:	Outstanding Balance:	

TRADE REFERENCE		
Company Name:		
Address:		
City:	State:	ZIP Code:
Contact Name:		
Phone:	Fax:	E-mail:
Account (s):		
Account Type:	Outstanding Balance:	
Account Type:	Outstanding Balance:	
Account Type:	Outstanding Balance:	

CREDIT REQUEST & AUTHORIZATION	
Amount of credit requested:	
I authorize Melfast or its representative(s) to verify the information provided on this form.	
Name of Applicant:	Title:
Signature of Applicant	Date: