

19 Bennett Street ● Lynn, MA 01905 P: 781-593-4000 ● F: 781-593-4020

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## **CREDIT APPLICATION**

| Company Name:                  |                       |        |        |                        |     |          |
|--------------------------------|-----------------------|--------|--------|------------------------|-----|----------|
|                                |                       |        |        |                        |     |          |
| City:Years a                   |                       |        |        |                        | e:  | Zip:     |
|                                |                       |        |        | Years at this address: |     |          |
| Website:                       |                       |        |        |                        |     |          |
|                                |                       |        |        |                        |     |          |
| Please check one:   Corp       | oration   Partnership | □ Indi | vidual |                        |     |          |
| Name(s) of Principal(s)        | Address               |        |        |                        | Zip | Phone    |
|                                |                       |        |        |                        |     |          |
| ACCOUN TS PAYABLE:             |                       |        |        |                        |     |          |
| Contact:                       |                       |        |        |                        |     |          |
|                                |                       |        |        |                        |     |          |
|                                |                       |        |        |                        |     |          |
| BANK REFERENCE:                |                       |        |        |                        |     |          |
| Bank:                          |                       |        |        |                        |     |          |
|                                |                       |        |        |                        |     |          |
| Phone:                         |                       |        |        |                        |     |          |
|                                |                       |        |        | Account #:             |     |          |
| DEFENCES (S)                   |                       |        |        |                        |     |          |
| REFERENCES (Please provide 4-5 | •                     | Ctata  | Dhone  | Fm: a:I                |     | A        |
| Business Name                  | City                  |        | Phone  | Email                  |     | Account# |
|                                |                       |        |        |                        |     |          |
|                                |                       |        |        |                        |     |          |
|                                |                       |        |        |                        |     |          |
|                                |                       |        |        |                        |     |          |

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