

Walter S. Pratt & Sons, Inc.

Tel # 1-800-613-4738 Fax # 1-518-465-0712

Commercial Credit Application

Date _____

Corporate Name _____

Type of organization _____

Trade name (if different) _____

Address _____ City _____ State _____ Zip _____

Owner/Manger _____ Business Phone _____

How Long in Business _____ D&B # _____ D&B Rated _____

Credit Line Requested \$ _____ Credit Terms _____

Bank References

Name _____ Branch _____ Acc # _____

Address _____ Phone # _____

Credit Card Information

Type of Credit Card (as Visa) _____

Credit Card # _____ Pin # _____

Expiration Date _____

Name on Card _____
(Credit card will be used if invoice is not paid within 35 days of date on invoice)

Trade References

Name _____ Tel# _____ Fax# _____

Name _____ Tel# _____ Fax# _____

Name _____ Tel# _____ Fax# _____

Pending lawsuits against company: _____

Accounts payable contact: _____ Tel# _____

Are financial statements available? _____

The undersigned authorizes credit inquiries. We further acknowledge that any credit privileges may be withdrawn at any time. I certify the above information to be true and accurate.
