



Thank you for your interest in Allen Field Co., Inc. For your convenience our credit application follows. **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.

To expedite this investigation, please make sure to complete the entire 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.

Should you have any questions regarding your credit status with Allen Field Co., Inc., please, do not hesitate to call me.

Sincerely,

Marianne Franzone
Manager, Accounts Receivable

AllenField Co., Inc.

Tel: 800.535.0810 x305

Cell: 631.786.2144

Fax: 631.665.6129

E-mail: marianne@allenfield.com

Web: www.allenfield.com

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

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

1450 Bridgewater Rd., Bensalem, PA 19020

Ph (800) 535-0810 • Fax (631) 257-0401

Email: info@allenfield.com Web: <http://www.allenfield.com>

Hook it...Clip it...Hang it...Handle it...Design it...Support it...Protect it...Source it



Business Contact Information

Company Name		Date of Incorporation	
Phone		Credit Line Requested	\$
Fax		<input type="radio"/> Sole Proprietorship <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> Other	DUNS #
Website			Fed ID#
Address City, State, Zip			Years at Current Address

Business/Trade References

Company Name		Contact	
Address		Phone	
City, State, ZIP		Fax	
Type of Account		E-Mail	
Company Name		Contact	
Address		Phone	
City, State, ZIP		Fax	
Type of Account		E-Mail	
Company Name		Contact	
Address		Phone	
City, State, ZIP		Fax	
Type of Account		E-Mail	

Agreement

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from an invoice must be made within 7 business days from the date of the invoice.
3. By submitting this application, you authorize the Allen Field Co. to make inquiries into the banking and References that you have supplied.

Signatures

Signatures		Signatures	
Name and Title		Name and Title	
Date		Date	

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To Be Completed by Corporate Officer

Company Name: _____

Company Address: _____

I authorize my bank listed below to give the Allen Field Co., Inc financial information in regards to our account and credit status.

Signature: _____ Date: _____

Name: _____ Title: _____

Bank Information

Name: _____

Address: _____

City, State, ZIP: _____

Account #: _____

Contact: _____

Email: _____

Phone: _____

Fax: _____

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