



Application for Credit

Firm Name:		Phone Number: () () ()		Fax Number: () () ()	
Billing Address:		City:		State:	
Ship To Address:		City:		State:	
Proprietorship	Partnership	Corporation	If Subsidiary of Division List Parent Company		
Subsidiary	Division	Joint Venture	Year Started	Kind Of Business	
FED. I.D.# / Social Security #		Purchase Order Required for purchases?			
Number of Invoice Copies		Sales Tax Exemption or Resale Certification		State	

For Tax Exemption or Resale A Copy of Your Certification Must Accompany This Application

Name Of Owner/Partner/President
Name of Partner/Officer
Name Of Purchasing Agent
Name Of Person To Contact Concerning Accounts Payable

Credit References

Banks		
Name	Address	Account #
Phone No. ()	Person To Contact	
Name	Address	Account #
Phone No. ()	Person To Contact	
Suppliers		
Name	Address	Person To Contact
Phone No. ()	Fax Number ()	
Name	Address	Person To Contact
Phone No. ()	Fax Number ()	

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY, AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITHIN THE APPLICABLE TERMS, INCLUDING A 1.5% SERVICE CHARGE TO BE ASSESSED ON PAST DUE AMOUNTS, MONTHLY.

DATE _____ SIGNED BY _____ (Complete Name of Firm)

P.O. Box 368
85 South Main Street
Barre, VT 05641

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