

**Antron****ANTRON TECHNOLOGIES, INC.**

40 Brunswick Ave., Suite 104, Edison NJ 08817

Telephone: (732) 205-0416 Fax: (732) 205-0417 [sales@antron.com](mailto:sales@antron.com)***Credit Application Form******Information of Company:***

Company Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Billing Address: \_\_\_\_\_ State &amp; Zip: \_\_\_\_\_

Shipping Address: \_\_\_\_\_ State &amp; Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Ext.: \_\_\_\_\_ Type of Ownership: \_\_\_\_\_

Years in Business: \_\_\_\_\_ New Jersey Resale number: \_\_\_\_\_

Federal Tax ID: \_\_\_\_\_ Distributor: \_\_\_\_\_

Year at this address: \_\_\_\_\_ Prior Address: \_\_\_\_\_

***Information of Principals, Officers or Partners:***

Name (1): \_\_\_\_\_ Title: \_\_\_\_\_ SS#: \_\_\_\_\_

Home Address: \_\_\_\_\_ CelPhone#: \_\_\_\_\_

Name (2): \_\_\_\_\_ Title: \_\_\_\_\_ SS#: \_\_\_\_\_

Home Address: \_\_\_\_\_ CelPhone#: \_\_\_\_\_

***Trade Reference:***

A. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

B. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

C. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

***Bank Reference:***

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Account # (1): \_\_\_\_\_ Account # (2): \_\_\_\_\_

Address: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_

In making this application for credit, the undersigned hereby agree to pay a \$20.00 service charge on any check returned due to insufficient funds and guarantee the payment of all their company's obligation to Antron Technologies, Inc. of all amounts due and owing. Applicant's signature attests financial responsibility to pay invoices in accordance with the agreed upon terms. The Applicant agrees to pay all service charges, reasonable attorney and court fees incurred in the collection of their past due account.

I/We hereby authorize Antron Technologies, Inc. to investigate the references pertaining to my/our credit and financial responsibility.

Officer's Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_