

## PTR Baler and Compactor Company

2207 E. Ontario St Philadelphia, PA 19134 PHONE: 215-537-2231 \* FAX 215-533-9671 EMAIL: Ekodroff@ptrco.com

Quality \* History \* Service\* Value

## **CREDIT REFERENCES**

Name	Account Number's
Address	
Telephone #	FAX #
TRADE	
Name	Name
Address	Address
City, State, Zip	City, State, Zip
Telephone #	Telephone #
FAX #	FAX #
Name	Name
Address	Address
City, State, Zip	City, State, Zip
Telephone #	Telephone #
FAX #	FAX #

**Authorized Customer Signature** 



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## CREDIT APPLICATION

(Please Type or Print Legibly)

Company Name		Date	
Address (Mailing)			
City	State	Zip	
Address (Shipping)			
City	State	Zip	
Telephone #	FAX #		
Name of Principal	Title		
Accounts Payable Contact			
Business Type: Corporation Parts	nership	Proprietorship	
Year Established	DUN's#_		
Credit Line Requested		Estimated Annual Purc	:hases
Does your Company require PO #'s	to proces		No
Does your Company qualify for tax exempt sta		Yes No lease provide copy of certificate.)	
For Internal Use Only			
Sales Representative		Code	
Credit Manager Approval	Cr	edit Limit	
Terms Code	Account N	Tumber	
Sales Manager Approval			







