

Credit Application



295 Wood Corner Rd
Lititz, PA 17543-8328

Phone: 717-738-2148
Fax: 717-738-7370

sales.keystonecoating@pbzinc.com
KeystoneCoating.com

Business Name _____

Billing Address:

Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email Address _____

Owner _____

Address _____

Type of Business _____

Shipping Address:

Street Address _____

City _____ State _____ Zip _____

Owner _____

Address _____

Year Established _____

Customer Service Contact Name: _____

Phone _____

Email Address _____

Technical Contact Name: _____

Phone _____

Email Address _____

Taxable: Yes No If No, please provide a valid tax exemption certificate.

Accounts Payable Email Address _____

Receive via Email: Statements Invoices

References

No credit card or bank reference will be accepted. Four business references (places you have a charge account) are required to complete this application. Please allow 2-3 weeks for processing the application. Fax numbers or email addresses reduce the processing time.

Name _____ Phone _____

Street _____ Fax _____

City _____ State _____ Zip _____

Email Address _____ Account # _____

Name _____ Phone _____

Street _____ Fax _____

City _____ State _____ Zip _____

Email Address _____ Account # _____

Name _____ Phone _____

Street _____ Fax _____

City _____ State _____ Zip _____

Email Address _____ Account # _____

Name _____ Phone _____

Street _____ Fax _____

City _____ State _____ Zip _____

Email Address _____ Account # _____

Applicant Signature _____ Date _____

(Your signature authorizes PBZ to run a credit check.)

Office Use: Date Received _____

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Street _____ Fax (____) _____

City _____ State _____ Zip _____

Email Address _____ Account # _____

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City _____ State _____ Zip _____

Email Address _____ Account # _____

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Street _____ Fax (____) _____

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Email Address _____ Account # _____

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