## **Credit Application**



295 Wood Corner Rd Lititz, PA 17543-8328 Phone: 717-738-2148 Fax: 717-738-7370 sales.keystonekoating@pbzinc.com KeystoneKoating.com

Billing Address:				Shipping Address:				
Street Address								
City	State	Zip	City		State	Zip		
Phone	Fax		_					
Email Address _			_					
Owner								
Address		Address						
Type of Business			Year Established					
Customer Service Contact Name:			<u>Techni</u>	cal Contact Name:				
Phone			Phor	ne				
Email Address			Emai	l Address				
Taxable: Yes□	No□ If <i>No</i> , please p	rovide a valid ta	ax exemp	tion certificate.				
Accounts Payabl	le Email Address							
Receive via Ema	il: Statements□ Inv	⁄oices □						
	iease aliow z-3 weeks iol	r processing the ap	plication. Fa	x numbers or email ad	dresses reduce the	e processing time.		
Name								
Name Street				Phone Fax				
Name Street City			State	Phone Fax	Zip			
Name Street City			State	Phone Fax	Zip			
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Name Street City Email Address			State State	Phone	Zip Zip Zip Zip Zip			

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Business Name							
Billing Address:		Shipping Address:					
Street Address	Stree	Street Address					
City State Zip	Citv		_ State	Zip			
Phone ( Fax ()							
Email Address							
Owner		er					
Address	Addr	ess					
Type of Business		r Established					
Customer Service Contact Name:	<u>Techni</u>	cal Contact Name:					
Phone ( <u>       )                             </u>	Phor	ne ( <u>)</u>					
Email Address		ail Address					
Taxable: Yes $\square$ No $\square$ If <i>No</i> , please provide a v	valid tax exemp	tion certificate.					
Accounts Payable Email Address							
Receive via Email: Statements ☐ Invoices ☐							
No credit card or bank reference will be accepted. Four base this application. Please allow 2-3 weeks for processing	g the application. Fa	x numbers or email add	resses reduce the	processing time.			
Name		Phone ( <u> </u>					
Street City	Ctata	Fax <u>(                                   </u>	7:				
City	State	A #	Zip				
Email Address		Account #					
Name							
Street		Fax <sup>()</sup>					
City							
Email Address		Account #					
Name		Phone ()					
Street		Fax <sup>()</sup>					
City	State		Zip				
Email Address							
Name		Phone <sup>( )</sup>					
Street		Fax <sup>()</sup>					
City	State		Zip				
Email Address							
Applicant Signature							
Office Use: Date Received		(Your signature a	uthorizes PBZ to	run a credit check.			