



Distributors, Inc.

P.O. Box 501
Cherry Hill, NJ 08003

www.edidistributors.com

Telephone 800-433-2033
Fax 856-428-2549

Credit Application

Business Name:

Phone:

Address:

Fax:

E-Mail:

Type of Business Organization:

____ Corporation ____ Company ____ Partnership ____ Individual

____ Years in Business ____ At This Address \$ _____ Credit Requested

Trade References:

Company: _____ Acct. No: _____ Phone: _____

City/State: _____ Contact: _____

Company: _____ Acct. No: _____ Phone: _____

City/State: _____ Contact: _____

Company: _____ Acct. No: _____ Phone: _____

City/State: _____ Contact: _____

Banking References:

To acquire the information from your bank needed to process this application, we need your signed release below:

I hereby authorize the below listed bank to release information to EDI Distributors, Inc on the account listed below:

Bank: _____ Phone No: _____ Acct. No: _____

Contact: _____

Signed: _____ Title: _____ Date: _____

If your company is New Jersey Sales Tax exempt, a signed certificate is required.

Please fax this completed application to 856-428-2549