



Zack Products Corporation
 PO Box 1841
 Cranberry Twp, PA 16066
 fax: 888.821.3453

Credit Application

Please complete all fields on the form below. In order to avoid a delay with the processing of your application, please use your company's full Legal Company Name and DBA name where applicable. Enter the name EXACTLY as it appears on your Articles of Incorporation, Articles of Organization, Assumed Name papers or similar legal documentation. Please review all information carefully before submitting.

Company Information

Legal Company Name	Address 1	Address 2	City
State	Zip	Years in Business	Business Type
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Federal Tax Id			

Remittance Information

Division/Subsidiary (if diff. from above)	Billing Department Name	Billing Address 1	Billing Address 2
Billing City	Billing State	Billing Zip	Invoice Via
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Billing e-mail	Billing Phone	Billing Fax	

Accounts Payable Information

Name	AP Address 1	AP Address 2	AP City
AP State	AP Zip	AP Phone	AP Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
AP e-mail			

Accounts Payable Information

By placing my signature and mailing or faxing this form, I certify that (a) all information in the application is true, accurate, and complete; (b) I am the owner, principal, officer or authorized agent of the applicant listed on this application; (c) this application is submitted to Zack Products Corporation for business or commercial purposes; (d) the applicant expressly authorized Zack Products Corporation to obtain credit reports on the applicant business entity from any source, including credit bureaus and agencies; (e) I understand that federal law requires Zack Products Corporation to capture and record information to verify my identity, and may also require additional verifying information.

Submitters Name	Submitters e-mail
<input type="text"/>	<input type="text"/>

Signature	Submitters Phone	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>