

NEW CUSTOMER CREDIT APPLICATION



All Foils, Inc.
16100 Imperial Parkway, Strongsville, OH 44149
Phone: (440) 572-3645 Fax: (440) 378-0161

Please complete the following application and return with Sales Tax Exemption Certificate, if applicable.

1. Your Company Information:

Company Name: _____ Phone: _____
DBA: _____ Fax: _____
Address: _____ Website: _____
City, State, Zip: _____ Email A/P: _____

2. Primary Banking Contact:

Name: _____ Contact Name: _____
Checking Acct #: _____ Phone #: _____
City, State: _____

3. Number of Years in Business: _____ 6. Dun & Bradstreet Number: _____
4. Federal Tax ID Number: _____ 7. Credit Limit Requested: _____
5. NAICS Code: _____

- **ALL FOILS, INC.’S STANDARD TERMS OF SALE ARE “NET 30 DAYS” AFTER A SATISFACTORY CREDIT REVIEW.**
- **IT IS REQUIRED THAT ITEM NUMBERS 1 AND 2 ARE COMPLETED AND A MINIMUM OF 3 CREDIT REFERENCES SUPPLIED. PLEASE PROVIDE AS MUCH OF THE INFORMATION REQUESTED ABOVE AS POSSIBLE.**
- **PLEASE EMAIL OR FAX THIS INFORMATION TO YOUR ALL FOILS, INC. SALES REPRESENTATIVE @ (440)-378-0161**

Credit References: (MINIMUM OF 3)

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone Number: _____	Phone Number: _____
Fax Number: _____	Fax Number: _____
Email Address: _____	Email Address: _____
Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone Number: _____	Phone Number: _____
Fax Number: _____	Fax Number: _____
Email Address: _____	Email Address: _____
Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone Number: _____	Phone Number: _____
Fax Number: _____	Fax Number: _____
Email Address: _____	Email Address: _____