ALBANY VALVE & FITTING CO., INC.

Application for Credit

OFFICIAL USE ONLY

APPROVED BY		CUSTOMER CODE
SALES REP	TERRITORY	TAX CODE
COUNTY	CREDIT LIMIT	SALES TAX FORM ON FILE ☐

Company Information

COMPANY NAME	FEDERAL TAX ID	BUSINESS TYPE ☐ CORPORATION ☐ PARTNERSHIP ☐ PROPRIETORSHIP
ADDRESS		DUN & BRADSTREET #
CITY, STATE AND ZIP		
ACCOUNTS PAYABLE CONTACT NAME		
EMAIL	PHONE	FAX

Shipping Information

COMPANY NAME	SHIP TO NAME
ADDRESS	
CITY, STATE AND ZIP	

Bank Information PLEASE PROVIDE AT LEAST ONE

BANK NAME #1	OFFICER / CONTACT	BANK NAME #2	OFFICER / CONTACT
TYPE OF ACCOUNT	ACCOUNT NUMBER	TYPE OF ACCOUNT	ACCOUNT NUMBER
ADDRESS		ADDRESS	
CITY, STATE AND ZIP		CITY, STATE AND ZIP	

Trade References PLEASE PROVIDE THREE

COMPANY NAME		COMPANY NAME		COMPANY NAME	
ADDRESS		ADDRESS		ADDRESS	
CITY, STATE AND ZIP		CITY, STATE AND ZIP		CITY, STATE AND ZIP	
CONTACT NAME	PHONE	CONTACT NAME	PHONE	CONTACT NAME	PHONE

ALL UNPAID BALANCES AFTER 30 DAYS ARE SUBJECT TO 1.5% INTEREST CHARGE.

☐ **I HAVE READ AND AGREE TO THE ABOVE TERMS AND TO A CREDIT CHECK.**

Swagelok®

SIGNATURE _____ TITLE _____ DATE _____

Swagelok Eastern New York I Western New England
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