

4525 Lehigh Drive Walnutport, PA 18088 Phone: 610-837-9001

CREDIT APPLICATION

COMPANY INFORMATION

Company Name:	Credit limit requested:
Established in:	Federal ID Number:
Bill to Address:	Phone Number:
Contact Name & Email for AP:	
Ship to Address:	Shipping Phone Number:
Contact Name & Email for Shipping:	
BANK REFERENCE	
Bank Name:	Contact Name:
Address:	Email:
	Phone Number:
Accout Number:	
TRADE REFERENCES	
Please complete below, or attach references or	n company letterhead
Business Name:	Contact:
Address:	Phone Number:
	Email address:
Business Name:	Contact:
Address:	Phone Number:
	Email address:
Business Name:	Contact:
Address:	Phone Number:
	Email address:



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TERMS	:
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Normal terms for payment are as follows:

Orders for all pumps, nozzles, parts, fillers, equipment greater than \$5,000.00 USD

50% Deposit after receipt of Purchase Order

40% Payment Prior to Shipping

10% Net 30 Days

Any exceptions to these terms must be confirmed with Neoceram Avanti prior to Purchase Order.

Accepted payment methods are as follows:

Bank Check Remit to address: PO Box 262, Walnutport PA 18088

Wire / ACH, payment information listed on invoices

Credit Cards: Master Card, Visa, American Express, Discover

Signature Date:	:	Title:				
	urning this Credit Application, ple	assa alsa attach tha	following			
when rec	• ,.					
	W-9, Request for Taxpayer Identification Number & Certification					
	State Sales Tax Exemption Certificate					
	Trade references, if not completed on page 1					
Please retu	urn all forms to: Karen Baldanza. E	Email: kbaldanza@ne	oceram.com			

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