

FOR OFFICE USE ONLY:

# EISINGER CREDIT APPLICATION

PLEASE PRINT OR TYPE ALL INFORMATION

1. COMPLETE ALL INFORMATION   2. MAKE PHOTO COPY FOR YOUR RECORDS  
 3. FAX COPY TO THE APPROPRIATE OFFICE: USA 1-973-596-1329, CDN 1-416-665-0364  
 4. MAIL ORIGINAL TO THE APPROPRIATE OFFICE

DATE: \_\_\_ / \_\_\_ / 20\_\_\_

TERMS: NET 30 DAYS- INVOICES MUST BE PAID IN FULL WITHIN 30 DAYS

P.O. REQUIRED? \_\_\_Y \_\_\_N    TAX EXEMPT ? \_\_\_Y \_\_\_N ( ATTACH COPY OF CERTIFICATE)

BUSINESS NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE / PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**TYPE OF BUSINESS**

\_\_\_ INCORPORATED, STATE / PROVINCE: \_\_\_\_\_, \_\_\_ PARTNERSHIP,

\_\_\_ PROPRIETORSHIP, \_\_\_ SCHOOL, \_\_\_ GOVERMENT FUNDED

TAXPAYER ID NUMBER: \_\_\_\_\_, IN BUSINESS SINCE: \_\_\_\_\_

**LEGALLY RESPONSIBLE PERSON(S) OR OFFICER(S)**

NAME	TITLE	ADDRESS	SOCIAL SECURITY NUMBER
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**CREDIT REFERENCES**

NAME OF BANK, ETC.	ADDRESS / BRANCH	ACCOUNT NUMBER	CONTACT	PHONE #
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

**TRADE REFERENCES (MINIMUM 4)**

BUSINESS NAME	ADDRESS	ACCOUNT NUMBER	PHONE #	FAX #
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

**TYPE OF SUPPLIES NEEDED** (CHECK ALL THAT APPLY)

\_\_CASTING, \_\_POLISHING, \_\_SETTING, \_\_ENGRAVING, \_\_WATCH REPAIR, \_\_RETAILERS, \_\_BENCH SUPPLIES

YOU ARE AUTHORIZING EISINGER ENTERPRISE INC. AND IT SUBSIDIARY TO CONTACT THE ABOVE REFERENCES AND CREDIT REPORTING AGENCY IN ORDER TO OBTAIN INFORMATION NECESSARY TO PROCESS THIS CREDIT APPLICATION. EISINGER ENTERPRISES AND IT SUBSIDIARY, REQUIRES PAYMENT IN FULL WITHIN 30 DAYS FROM INVOICE DATE. ANY NON-PAYMENT WITHIN 31 DAYS OF INVOICE DATE IS SUBJECT TO DELINQUENCY CHARGES OF 1.5% PER A MONTH TO DEFAY THE ADDITIONAL ACCOUNTING COST. ADDITIONALLY THE UNDERSIGN SHALL BE RESPONSIBLE FOR ALL COLLECTION COST AND ATTORNEY FEES IN CONNECTION WITH ANY DELIQUENT AMOUNTS. THE PERSON SIGNING THIS APPLICATION CERTIFY ALL INFORMATION IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE.

SIGNED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TITLE: \_\_\_\_\_