



520 SOUTH FULTON AVENUE, MOUNT VERNON NY 10550  
 Ordering Line: (800) 221-1348 Fax (800) 541-3821 Local Tel. (914) 530-6259 Local Fax (914) 530-6258

## CREDIT APPLICATION FOR A NEW ACCOUNT (NET 30)

### BUSINESS CONTACT & CREDIT INFORMATION

Legal Name of Business _____		Federal Resale ID or Employer's ID (EIN) _____	
Billing Address _____	City _____	State _____	Zip Code _____
Ship To Address _____	City _____	State _____	Zip Code _____
<input type="checkbox"/> Commercial <input type="checkbox"/> Residential			
Buyer's Name _____		A/P Contact Name _____	
Owner's Name _____		SS# (For Proprietorship or Partnership) _____	
Telephone _____	Fax _____	E-mail _____	
Legal Status of Business	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation <input type="checkbox"/> Other
			Date Business Started _____
Type of Business:	<input type="checkbox"/> Awards/Trophies Store (1)	<input type="checkbox"/> Jewelry Store (2)	<input type="checkbox"/> Sporting Goods (3)
	<input type="checkbox"/> Advertising Specialty or Premium Distributor (5)	<input type="checkbox"/> Gift Store (9)	<input type="checkbox"/> Engraver (12)
			<input type="checkbox"/> Sign Shop or Printers (10)
Member of:	<input type="checkbox"/> ASI # _____	<input type="checkbox"/> ARA # _____	<input type="checkbox"/> SAGE # _____
		<input type="checkbox"/> PPAI # _____	<input type="checkbox"/> Other _____
How do you want your invoice to be sent?	<input type="checkbox"/> E-mailed (write e-mail address) _____		
	<input type="checkbox"/> Mailed (put a check on address)	<input type="checkbox"/> Mail to Billing address	<input type="checkbox"/> Mail to Shipping address

### BUSINESS\TRADE REFERENCES

Company name		Phone
Address		Fax
City, State ZIP Code		E-mail
Company name		Phone
Address		Fax
City, State ZIP Code		E-mail
Bank name		Phone
Address		Fax
City, State ZIP Code		E-mail
Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	Other

**IMPORTANT:** By submitting this application, you authorize Classic Medallics, Inc. to make inquiries into the banking and business/trade references that you have supplied.

### SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	

**NOTE:** Until credit has been established, you may use your credit card. We accept: VISA, MASTERCARD and DISCOVER CARD. You also have the option to have us ship your order via COD or mail us a check payable to: Classic Medallics, Inc.

HOW DID YOU FIND US?  Trade Show, Location \_\_\_\_\_  Our website  ARA  Google  Salesman, Name \_\_\_\_\_

Magazine Ad, Name \_\_\_\_\_  ASI  ASI LISTING  Yahoo  Catalog Mailing \_\_\_\_\_

Directory Listing \_\_\_\_\_  ESPOnline  Google Search  Bing  OTHER/Specify \_\_\_\_\_

SAGE  Referral  Facebook