



# Crown Wire and Cable Co., Inc. Credit Application

Please complete this form, Print and Fax back to: 856.327.8618  
or Mail to: P.O. Box 945, Millville, NJ 08332-0945

*This PDF file has Interactive Form Fields. Fill it out on your PC, Print and send back to us. DO NOT eMAIL!*

Name of firm or individual:

Address 1:

Address 2:

City:

State:

Zip:

Phone Number (with Area Code):

Email Address:

*The following information must be provided. It will be kept in the strictest confidence.*

## OWNERSHIP

Corporation    Partnership    Individual    Check here if incorporated within the last 12 months

Name(s) of principal(s):

Address of principal:

City:

State:

Zip:

Phone Number (with Area Code):

Principal 1:

Principal 2:

Bank:

Bank Address:

Bank Officer or Department:

Bank Phone (with Area Code):

## REFERENCES

**1**

Business location or branch:

Business address:

Business phone:

**2**

Business location or branch:

Business address:

Business phone:

**3**

Business location or branch:

Business address:

Business phone:

We Certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

Signed:

Title:

Date:

Comments: