

# Billanti Casting Co., Inc.

Credit Application  
& Check Clearance

299 South 11th Street - PO Box 1117 - New Hyde Park, New York 11040  
516-775-4800 - Fax 516-775-4839

## CREDIT APPLICATION

### ACCOUNT INFORMATION

Name of Business \_\_\_\_\_ Telephone \_\_\_\_\_  
Location Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Shipping Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Ownership: Proprietor [ ] Partnership [ ] Corporation [ ]

### Responsible Parties or Officers:

Name	Title	Home Address	Telephone Number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

What year was business established? \_\_\_\_\_ At present location since \_\_\_\_\_

### CREDIT INFORMATION

Please complete all information. The line of credit will be evaluated by your past history with us and by the credit information given us by your credit references.

CREDIT REFERENCES/Name	Address	Telephone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

BANK REFERENCE/Name \_\_\_\_\_ Contact \_\_\_\_\_  
Bank's Full Address \_\_\_\_\_  
Type of Account: Checking [ ] Loan [ ] Account Number \_\_\_\_\_

NOTE: Your authorization is required for your bank to release any information to us. Authorized Signature & Title \_\_\_\_\_

**AGREEMENT:** I agree to keep within your terms. Should this account ever become delinquent and it be necessary to employ an agent or attorney to collect or commence suit to enforce payment, I agree to pay a responsible additional sum as collection and/or attorney fees, and cost of suit.

Authorized Signature & Title \_\_\_\_\_ Date \_\_\_\_\_