



ACCOMMODATION MOLLEN, INC.

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2150 Kubach Road
Philadelphia, PA 19116-4203
www.accommodation-mollen.com

Please return via fax (215-599-8072), Attn: Accounting

Credit Application

BUSINESS CONTACT INFORMATION

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:		State:	ZIP Code:
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:		State:	ZIP Code:
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Type of account	Account number		
Savings			
Checking			
Other			

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			

BILLING

INVOICES - send to the attention of:			
E-mail:		Fax:	

SALES REPRESENTATIVE INFORMATION

Name:			
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ADDITIONAL INFORMATION AND AGREEMENT

1. State Tax Exempt Number, if applicable (If so, please fax along with application):
2. By submitting this application, you authorize us to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:	Title:
Date:	Date: