****

1. **Blair Powell Company**

5409 Enterprise Blvd. Bethel Park, PA 15102

Phone: (412)-347-0446 Email: growland@abpowell.com

**C R E D I T A P P L I C A T I O N**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | FEIN: |       |
|  |
| Address: |       | Yrs. At Address: |       |
|  |
| City: |       | State: |       | Zip Code: |       |
|  |
| Phone: |       | Email: |       | Duns: |       |
|  |
| Contact Person: |       | Title: |       |
|  |
| Bank: |       | Phone: |       | Email: |       |
|  |
| Contact Name: |       | Account No. |       |
|  |
| Account Type: |       | Secured: |       |
|  |
| **Credit Level Requested:** |       |

*Please provide a copy of your most recent* ***sales tax resale/exemption******certificate****. (Please note that sales tax is charged in the state the order is shipped to) If we have no certificate on file you will be charged tax, if applicable.*

**Please Provide 3 (Three) Credit References Below:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Company:** |       | **Company:** |       |
|  |
| Address: |       | Address: |       |
|  |
| Address: |       | Address: |       |
|  |
| Phone: |       Fax: |       | Phone: |       Fax: |       |
| Email: |       | Email: |       |
|  |
| **Company:** |       | **Company:** |       |
|  |
| Address: |       | Address: |       |
| Address: |       | Address: |       |
|  |
| Phone: |       Fax: |       | Phone: |       Fax: |       |
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| Email: |       | Email: |       |