****

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**

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| City: |  | | | State: | |  | | | | | | | | Zip Code: | | | | |  | |
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| Phone: |  | | | Email: | |  | | | | | | | | | | | | Duns: | |  |
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| Contact Person: | |  | | | | | | | | Title: | |  | | | | | | | | |
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| Bank: |  | | | | Phone: | |  | | | | | | | Email: | |  | | | | |
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| Contact Name: | |  | | | | | | | | Account No. | | | | |  | | | | | |
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| Account Type: | |  | | | | | | Secured: | | |  | | | | | | | | | |
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| **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:**

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