

Campbell Manufacturing, Inc.
Spring and Railroad Streets, Bechtelsville, PA 19505
800-523-0224 • 610-367-2107 • Fax: 610-367-0022
Web: www.campbellmfg.com

CREDIT APPLICATION

Trade Name:	Street Address:
Mailing Address:	
	City:
City:	State: Zip Code:
State: Zip Code:	Country:
Country:	Corp.: Individual:
Telephone No.:	Partnership: Other:
Fax No.:	If Incorporated, Federal ID No.:
E-mail Address:	
Website:	If Individual, Social Security No.:
President/Owner:	
Home Address:	
City:	PREMISES:
State: Zip Code:	Own: Lease:
Home Phone No.:	MORTGAGE CO./ LANDLORD
Vice President:	
Contact for Payment:	Address:
Est. Purchases:	City:
First Order:	State: Zip Code:
Nature of Business:	Phone No.:
Year Started:	Are Audited Financial Statements Enclosed?
Recorded: City/ State:	Ever Filed Bankruptcy:Yes No
License No.:	If so, When?

TRADE REFERENCES (Current Open Accounts):	Company Name
Name:	Account No.:
Address:	City/State/Zip:
Phone No.:	Fax No.:
Name:	Account No.:
Address:	City/State/Zip:
Phone No.:	Fax No.:
Name:	Account No.:
Address:	City/State/Zip:
Phone No.:	
BANK REFERENCE:	
Name:	Phone:
Address:	City/State/Zip:
Bank Representative:	Acct. No.:
Please check one of the following: Yes, our company is sales tax exempt. (Attace) No, our company is NOT sales tax exempt.	ch a copy of your sales tax exempt certificate for our records)
on all past due invoices. A handling fee will be cha	charge a 1.5% per month (18% annually) late charge arged for any checks returned from our bank. In the other agency for collection, or suit is brought on same, eding whatsoever, purchaser shall pay all attorneys
We certify that all the information on this form is co to the proper payment in consideration of extended	orrect. We fully understand your credit terms and agree d credit.
Signed	Date
Name Printed	Title

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Name: _____ Account No.: Address: City/State/Zip: Phone No.: Fax No.; _______ Account No.: Name: Address: City/State/Zip: Phone No.: ____ Fax No.: Account No.: Name: Address: City/State/Zip:_____ Phone No.: _____ Fax No.:_____ BANK REFERENCE: Name: _____ Phone: _____ Address: City/State/Zip:_____ Acct. No.:_____ Bank Representative: Please check one of the following: Yes, our company is sales tax exempt. (Attach a copy of your sales tax exempt certificate for our records) No, our company is NOT sales tax exempt. Payment terms are 2% 15 Days Net 30, except Square D pressure switch orders are Net 30 Days. Campbell Manufacturing, Inc. reserves the right to charge a 1.5% per month (18% annually) late charge on all past due invoices. A handling fee will be charged for any checks returned from our bank. In the event the account is turned over to an attorney or other agency for collection, or suit is brought on same, or the same is collected through any judicial proceeding whatsoever, purchaser shall pay all attorneys fees, court costs, and any associated costs incurred by Campbell Manufacturing, Inc. 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 ____ Date _____ Name Printed _____ Title _____

TRADE REFERENCES (Current Open Accounts):

Please return to fax # 610-367-0022