



Allegheny York

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New Account Setup

Company Name:		CX Number:	
Website:		Seal spend / year (approx): _____	
Billing Address:			
City:		State:	Zip Code:
Key business contact name and position:			
Email Address:			
Telephone:		Fax:	
Shipping Address (if different than above):			
City:		State:	Zip Code:
Email:		Telephone:	Fax:
Preferred Shipping (please check one):		Collect Shipping Number:	
Sales tax / Resale Certificate (Include Copy) (MUST BE INCLUDED OR YOU WILL BE TAXED)		Years in business:	
Federal Tax ID (Must Include W9 Copy) or (President / Owner SSN: IF NO FED TAX ONLY) (TAX WILL BE APPLIED FOR ACCOUNTS WITHOUT DOCUMENTATION)		DUNS Number:	
Accounts Payable Name:			
Email Address:			
Direct Telephone:			
ACH payment information is available by request.			
Backorders are allowed: YES NO			
Please send backorders without a phone call: YES NO			
Substitutions ARE allowed: YES NO			
<i>If this is a subsidiary of another company, indicate parent company name, address, and zip code:</i>			
Parent Company Name:			
Address:			
City:		State:	Zip Code:

**** SEE PAGE 2 TO APPLY FOR CREDIT TERMS AND ADD ADDITIONAL SHIP TO LOCATIONS.**

NEW ACCOUNT SETUP PAGE 2

Trade References: (MUST RECEIVE 3 RESPONSES FOR APPROVAL)

1)	Email:
	Fax:
2)	Email:
	Fax:
3) _____	Email:
	Fax:
4)	Email:
	Fax:
5)	Email:
	Fax:

Failure to disclose the requested information precludes this credit application for consideration.

Signing of this application indicates that I understand that your credit terms are 1 % 10 / NET 30 days on all invoices. I also understand that my account shall be placed on CREDIT HOLD when any invoice reaches 60 days aged. If my account is placed on CREDIT HOLD, I agree to pay all invoices aged more than 30 days to restore my account and remove the CREDIT HOLD. Violation of this agreement may result in cancellation of the credit terms indicated. I further agree to pay collection and attorney fees as may be required for collection of delinquent invoices on my account. I also authorize release of any credit information to Allegheny York LLC for review of my credit worthiness.

Signature (REQUIRED):

Date:

For AY Use

Only:

☐

Approve

☐

Deny

☐

Pending

Terms: _____

Signature: _____

Date: _____

Additional Ship to locations::

1)	Phone:
	Collect:
2)	Phone:
	Collect:
3)	Phone:
	Collect:
4)	Phone:
	Collect:
5)	Phone:
	Collect:
6)	Phone:
	Collect:
7)	Phone:
	Collect:
8)	Phone:
	Collect: