



Contractor Account Application

694 East Lincoln Avenue, Myerstown, PA 17067
sales@myerstownsheds.com
717-866-7015

Application Information

Firm Name: _____ County: _____

Address: _____ Phone: _____
Street address Apt/Unit #

_____ Email: _____
City State Zip Code

Type of Business: _____ Date Started: _____

Tax Re-sale Number: (Required by law) _____

Building: Owned Rent Debtor Social Security Number (if not Inc.) _____

Our Legal Entity is: Corporation Partnership Proprietorship

Owner(s) / Authorized Officers info

1.	_____	_____	_____
	Full Name	Address	Phone Number
2.	_____	_____	_____
	Full Name	Address	Phone Number
3.	_____	_____	_____
	Full Name	Address	Phone Number

Estimated Annual Sales: _____ Monthly Credit Desired: _____

Bank References

Bank Name: _____ Account #: _____

Address: _____ Phone: _____

Trade References

1.	_____	_____	_____
	Full Name	Address	Phone Number
2.	_____	_____	_____
	Full Name	Address	Phone Number
3.	_____	_____	_____
	Full Name	Address	Phone Number

Applicants signature attests financial responsibility, ability, and willingness to pay our invoices in accordance with our terms: The above information is for the purpose of obtaining credit and is warranted to be true. We hereby authorize the firm to whom this application is made to investigate the references listed pertaining to my/our credit and financial responsibility. All information obtained will be held in the strictest of confidence. All decisions on credit approval limits and notifications will be made within 30 days.

Signature: _____ Date: _____