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CREDIT APPLICATION

Company Name: _____

Parent Company: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

Accounts Payable Contact:

Phone No: (____) _____ Fax No.: (____) _____

Federal ID No.: _____

Corporation Partnership Individual Year Incorporated: _____

BANK REFERENCE

Bank Name:

Bank Address: _____ City: _____ State: _____

Zip: _____

Bank Contact:

Phone No.: (____) _____ Account No.: _____

CREDIT REFERENCES MUST HAVE (3)

1st Company Name: _____

Address: _____ City: _____ State: _____
Zip: _____

Phone No.: (____) _____ Account No.: _____

2nd Company

Name: _____

Address: _____ City: _____ State: _____

Zip: _____

Phone No.: (____) _____

Account No.: _____

3rd Company Name: _____

Address: _____ City: _____ State: _____

Zip: _____

Phone No.: (____) _____ Account No.: _____

Authorization for bank and vendor release of information:

Signature: _____ **Title:** _____

FOR OFFICE USE ONLY:

Office Code: _____ Level: _____ Account No.: _____ Approved by: _____

Date: ____/____/____ Credit limit: \$ _____ Salesperson: _____

PLEASE COMPLETE ENTIRE FORM AND FAX BACK TO: 800-240-0514