

CREDIT APPLICATION

Murphy and Nolan, Inc.

340 Peat Street P.O. Box 6689 Syracuse, New York 13217

Phone: (315) 474-8203 Fax: (315) 474-8208

Thank you for your interest in our company's products and services. We appreciate your business and look forward to a long and prosperous business relationship. Please complete this credit application and return to the above address, Attention: Credit Department. Please note our credit terms. You will be advised shortly of your credit status with our company. Thank you.

Our terms are 1/2% 10 days Net 30 days

Your Company Name: _____

Address: _____ Address: _____
(mailing) _____ (shipping) _____

Phone: _____ Payables Contact: _____ Tax ID# _____

Fax: _____ Year Established: _____ Credit Limit Desired _____

Owners/Officers	Name	Title	Business Status	
			Proprietorship	Corporation
			Limited Partnership	Partnership

BANK REFERENCE

Bank Name _____ Account # _____ Phone Number _____

Bank Address _____ Contact: _____

CREDIT REFERENCES

Company Name _____ Acct# _____ Phone # _____

Credit Address _____ Fax# _____

Company Name _____ Acct# _____ Phone # _____

Credit Address _____ Fax# _____

Company Name _____ Acct# _____ Phone # _____

Credit Address _____ Fax# _____

Authorization: _____

Can we fax or email invoices? _____

Signature _____ Title _____ Date _____

Branch: _____ Account # _____

Territory: _____ Limit: _____ Date: _____

Approved By: _____

PLEASE COMPLETE REVERSE SIDE