

**Colos International Co., Inc.**

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**APPLICATION FOR CREDIT**

*terms are subject to credit approval*

Date:

BILL TO COMPANY:
NAME:
BILL TO:
CITY:
STATE: ZIP:
ATTN:

SALES/TAX I.D. #
SHIP TO COMPANY:
SHIP TO:
CITY:
STATE: ZIP:
ATTN:

**CORPORATION INFORMATION** *(please complete information that applies)*

YEARS IN BUSINESS:
RESALE #:
NEW ACCOUNT? (circle) YES NO

TELEPHONE:
FAX:
EMAIL:

DIVISION OF:
ADDRESS:
CITY:
STATE: ZIP:

**PARTNERSHIP/PROPRIETORSHIP:**

NAME:
ADDRESS:
CITY:
STATE: ZIP:

**CREDIT REFERENCE:**

NAME:
CITY:
STATE: ZIP:
ATTN:
ACCOUNT #:

**BANK REFERENCE:**

NAME:
CITY:
STATE: ZIP:
ATTN:
ACCOUNT #:

**CREDIT REFERENCE:**

NAME:
CITY:
STATE: ZIP:
ATTN:
ACCOUNT #:

**FOR OFFICE USE ONLY:**

APPROVED? (circle) YES NO
CREDIT LIMIT:
TERMS:
REVIEWED BY: DATE:

SIGNATURE:	POSITION:
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