



Division of Humphrys CoverSports
5000 Paschall Ave. • Phila., PA 19143
610-622-7211 • FAX 610-284-4323
www.globecanvas.com

OPEN ACCOUNT CREDIT APPLICATION

Company Name
Address
City, State, Zip
Phone #
Fax #
Web Site

Year Business Started:
of employees:
Federal Tax ID#:
Type of business:
(S-Corp, C-Corp, LLC, LLP, Sole Proprietor)
PA Sales Tax Exempt ___ Yes ___ No
(if Yes, attach PA Exemption Certificate)

Terms of Sale Requested: Open, Net 20 Days
Credit Amount Requested: \$

REFERENCES

Bank Reference:

Name & Address:
Contact Person:

Phone #:
Fax #:
Email:
Account #:

Trade References:

Name & Address:
Contact Person:

Phone #:
Fax #:
Email:
Account #:

Name & Address:
Contact Person:

Phone #:
Fax #:
Email:
Account #:

Name & Address:
Contact Person:

Phone #:
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Thank you for your application! Remember to fill out Page 2.



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Ownership (for sole proprietorship or partnership) and/or Officers (for corporation):

Name & Title: _____ Home Address: _____
 Phone #: _____
 Email: _____

Name & Title: _____ Home Address: _____
 Phone #: _____
 Email: _____

Declarations:

All statements made herein are true and accurate to the best of our knowledge. I/We authorize the above company to make any and all inquiries necessary for action on this credit application. I/We hereby indemnify the above company and its agents from any liability resulting from their credit survey.

As a condition of this sales agreement, a monthly service charge of 1.5% per month will be added to all past due accounts. Applicant understands and agrees to meet Humphrys CoverSports/Globe Canvas Products' terms of sale, to pay finance charges assessed, and to pay reasonable attorney fees in the event of default. Additional terms and conditions of each sale to the applicant/customer are set forth on the previous page hereof and are agreed to by the applicant/customer and are part of the credit application.

Authorized Signature: _____
 Title: _____ Date: _____

Disposition (to be completed by Globe):

Credit is APPROVED / DENIED for this account.

Terms of Payment are: _____.

The approved Credit Limit, inclusive of all orders invoiced and in-process is \$ _____.

 Approved by Credit Manager
 Title Date

Credit ____
 Sales ____