

Credit Application

Fax to 803-324-0548

I authorize American Pen & Panel, Inc. to obtain or exchange such information as you may require in connection with this application, and agree that the application shall remain in your property. I further authorize American Pen and Panel, Inc. to obtain account information from the Bank and Credit references listed on this application and understand that this information will be held in the strictest of confidence. I affirm that each of the answers given is true and correct and is made for the purpose of obtaining credit.

Credit Terms are NET 15 DAYS on approved credit.

Signature _____

Print Name _____

Principal Information:

Principal Officer: _____
Title: _____
Home Address: _____
City, St., Zip: _____
SSN: _____

Company Legal Name: _____

Corporation Type: _____ or Sole Prop. _____

Mailing Address: _____

Street Address: _____

City, State, Zip: _____

Phone : _____

Fax: _____

Email: _____



**American
Pen & Panel**

*Nationwide Distributors of
Office Supplies and Furniture*

P.O. Box 36276 • Rock Hill, SC 29732
Phone: 803.324.0544 • Fax: 803.324.0548

Bank Reference

Bank Name: _____

Address: _____

City, St., Zip: _____

Phone #: _____

Contact Person : _____

Three Credit References

(no utilities or landlords please)

Name: _____

Phone #: _____

Fax#: _____

Account #: _____

Name: _____

Phone #: _____

Fax#: _____

Account #: _____

Name: _____

Phone #: _____

Fax#: _____

Account #: _____