

**THE COLONIAL NEEDLE COMPANY**

74 Westmoreland Ave., White Plains, NY 10606

Phone: 914-946-7474 Fax: 914-946-7002

Email: [Tom@ColonialNeedle.com](mailto:Tom@ColonialNeedle.com)

**Office Use Only:**

Rec'd \_\_\_\_\_

Approved \_\_\_\_\_

Account # \_\_\_\_\_

**NEW ACCOUNT / CREDIT APPLICATION**

All information supplied is confidential, and used only to determine your credit eligibility for opening an account.

Business / Company Name \_\_\_\_\_

Since \_\_\_\_\_ Resale # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Company Website: www. \_\_\_\_\_

Name of person(s) to contact regarding purchase orders/invoice pmts:

Name \_\_\_\_\_

Title \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Type of Store**

Physical  Online Only  Both

**Type of Business**

Sole Proprietorship  Partnership

Corporation

**If Corporation**

State of Incorporation \_\_\_\_\_

Year of Incorporation \_\_\_\_\_

Name - if different from name listed at left:

\_\_\_\_\_

Name and Address of Owner(s)

If Corporation, please list: *OFFICER'S NAME / TITLE / PHONE*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Are you listed and/or rated with Dun & Bradstreet?  Yes  No D & B # \_\_\_\_\_

Bank References: *NAME / ADDRESS / ACCOUNT # / CONTACT NAME / TELEPHONE / FAX*

\_\_\_\_\_  
\_\_\_\_\_

List three firms from whom you are currently buying on open account: *COMPLETE ADDRESS / PHONE / FAX / CONTACT NAME*

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

**I certify the above information is true.**

Applicant \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_