



Capital Screw & Nut Company Co. Inc.  
520 North Hartley Street, York, PA 17404  
Email: [capitalscrew@verizon.net](mailto:capitalscrew@verizon.net); Phone: 717-843-9934 Fax: 717-845-7801

### CREDIT APPLICATION

BUSINESS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

SHIPPING STREET ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BILLING ADDRESS (IF DIFFERENT FROM ABOVE): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

YOUR NAME/TITLE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_ YEAR STARTED: \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT PERSON: \_\_\_\_\_ EMAIL: \_\_\_\_\_

If your business is sales tax exempt, include a current copy of your PA Exemption Certificate with your application.

### BANKING DETAILS

BRANCH NAME: \_\_\_\_\_ ACCOUNT NO.: \_\_\_\_\_

BRANCH STREET ADDRESS: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

### TRADE REFERENCES

Please list three vendor/trade references with contact information:

NAME	STREET ADDRESS	CITY	STATE	ZIP	PHONE
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NAME	STREET ADDRESS	CITY	STATE	ZIP	PHONE
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NAME	STREET ADDRESS	CITY	STATE	ZIP	PHONE
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I (We) agree to pay for all goods purchased within thirty (30) days of receipt of the order. An interest charge of 1-1/2% per month, which is an annual percentage of 18% will be charged on all past due accounts; plus reasonable attorney's fees, if incurred, to enforce collection.

CAPITAL SCREW & NUT is authorized to contact any references or banks listed above. It is understood that any information obtained will be used solely for the basis of granting credit and all information will be help in the strictest of confidence.

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_