

NEW YORK SKYLINE CREDIT APPLICATION
DBA New York Skyride

General Information

Firm Name: _____ Contact person: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Type of business: _____ Year business opened: _____

Phone: _____ Fax: _____ Email: _____

Federal ID# or SS# : _____ License Number _____ Principal: _____

Accounts payable contact _____ A/P Phone: _____

Bank Reference #1

Bank: _____ Account #: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Date account opened: _____

Bank Reference #2

Bank: _____ Account #: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Date account opened: _____

Trade References

Firm name: _____ Contact _____ Phone: _____

Firm name: _____ Contact _____ Phone: _____

Firm name: _____ Contact _____ Phone: _____

All accounts are COD until a credit application has been completed, reviewed and approved. Credit is extended for 30 days. Any due balance over 30 days is subject to 1.5% per month finance charge.

The undersigned hereby agrees that should a credit account be opened, and in the event of default in the payment of any amount due, to pay any additional charges for the cost of collection actions including court costs.

Company: _____ Date: _____

Signature: _____ Title: _____

Please print your name: _____