



Ed Fagan Incorporated

769 Susquehanna Avenue

Ed Fagan Incorporated

TELEPHONE: 201 891 4003

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NEW CUSTOMER INFORMATION FORM AND CREDIT APPLICATION

Ed Fagan Inc., would like to welcome you as a new customer and open an account for you. To ensure we have the information we need to open your account, please take a few moments to fill out the attached form. Please contact us if you have any questions. We thank you for the opportunity to do business with your company.

NEW ACCOUNT SETUP PROCEDURES

- Complete the New Customer Information Form.
- Attach your Resale Certificate for our file.
- Please confirm all your credit reference information is up to date before submitting for processing.
- Email the completed form to Grace@edfagan.com, or
- Fax the completed form to 201-425-9017.
- Please note that all Invoice payments are to be sent to our New Jersey Office listed below.
- We are pleased to announce that we have "gone green" and send all our invoices via email the day your order is shipped. Please fill out the attached Accounting form with the email address of the person you wish to receive your invoices.
- Our standard credit terms are 1% 10 Net 30 for approved accounts. We accept payment by check, credit card, ACH or Wire.

We are happy to report that Ed Fagan Inc. is taking steps to become more earth-friendly. As part of our green efforts, we are no longer mailing customer invoices or statements. If you have not already done so, we would appreciate your filling out the below information so that we can forward your billing information to you via email. If you require a hard copy mailing rather than email, please let me know and we will accommodate you.

Please remember to notify us in the future if your contact information should change. Thank you for helping us to go "green".

Company Name

Company Address

Accounts Payable Contact

A/P Phone Number

Email Addresses for Invoices

If you have any questions regarding your account, please contact Grace Johnson, Accounting Manager at 201-425-9034 or email Grace@edfagan.com. Thank you.

BUSINESS CONTACT INFORMATION			
Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:
BUSINESS AND CREDIT INFORMATION			
Primary business address:			
City:	State:	ZIP Code:	
How long at current address?			
Tax ID:		Re-Sale Certificate:	
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:	State:	ZIP Code:	
Type of account:	Account number:		
Savings			
Checking			
Other			
BUSINESS/TRADE REFERENCES			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			

