



JOSEPH CASTINGS, INC.
 25 BROOK AVENUE, MAYWOOD, NJ 07607
 Affiliate of Victor Precision Settings
 (201) 712-0717 Orders (212) 719-2244
 (201) 712-0818 FAX (800) 322-9008

**Application
 For Credit
 Terms: NET 30**

Name of Company _____ Account Number: _____
 Address: _____ Date: _____
 City, State, Zip Code: _____ Phone: (____) _____
 Type of Business: _____ Year Established: _____
 Form of Organization: Corporation Proprietorship Partnership

Owners, Partners or Officer's

Name	Title	Phone
a) _____	_____	(____) _____
b) _____	_____	(____) _____

Bank References:

Name of Bank	Address	Account #	Phone
a) _____	_____	_____	(____) _____
b) _____	_____	_____	(____) _____

Trade References: Suppliers from whom you purchase on open account or note.

Open / Notes	Name	Address	Phone
<input type="checkbox"/> / <input type="checkbox"/> a)	_____	_____	(____) _____
<input type="checkbox"/> / <input type="checkbox"/> b)	_____	_____	(____) _____
<input type="checkbox"/> / <input type="checkbox"/> c)	_____	_____	(____) _____

Person authorized for payment of this account

Your signature below authorizes Joseph Castings to verify the above given information. All of the above information must be completed or the application will be returned. Upon approval of credit, applicant agrees to our terms of **Net 30 days**. Purchaser agrees to pay all fees incurred in the event seller must turn invoice over for collection. These fees could include attorney's fees, court cost, collection fees, but not limited to the above only.

Signature: _____
Printed Name: _____
Title: _____ **Date:** _____
Email Address: _____