



100 Deerfield Lane, Suite 140
 Malvern, PA 19355
 Phone (610) 989-0340
 Fax (610) 989-0344

CREDIT APPLICATION

SALES: Bob Merkert

AMOUNT:

CUSTOMER INFORMATION

Full Legal Name			Phone Number ()
Doing Business As:			Fax number ()
Business Address	City	State	Zip
Contact Name	Federal Tax ID #	Year Established	Date Incorporated
Business Legal Status: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole-Proprietorship <input type="checkbox"/> Franchise <input type="checkbox"/> Other			
Principal Business of Firm	Primary SIC Code	Annual Revenues \$	Number of Employees

BILLING INFORMATION

Billing contact name & title	Phone Number ()	Fax#	Email
Billing Address	City	State	Zip

PERSONAL INFORMATION (if not a corporation)

Owners Name	Phone Number ()	Social Security #	Date of Birth
Address	City	State	Zip

BANK REFERENCES

Bank Name	Account #	Contact	Phone Number ()
Bank Name	Account #	Contact	Phone Number ()

TRADE REFERENCES

Vendor Name	Account #	Contact	Phone Number ()
Vendor Name	Account #	Contact	Phone Number ()
Vendor Name	Account #	Contact	Phone Number ()
Vendor Name	Account #	Contact	Phone Number ()

By signing this Credit Application, you authorize USA Technologies, Inc. and agents of USA Technologies, Inc. to contact all bank and trade references, run personal and business credit reports. Also the undersigned authorizes all references to release credit information with respect to this Credit Application and from time to time in connection with following up on any re-evaluation of your credit terms.

SIGNATURE: _____

TITLE:

PRINT NAME: _____

DATE: _____

FAX TO: CREDIT MANAGER AT 610-989-0344