



A. STUCKI



CONFIDENTIAL ACCOUNT APPLICATION

PLEASE SIGN & FILL OUT COMPLETELY

Salesperson: _____

Credit Line Requested: \$ _____

Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Website: _____

Ship To/Physical Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Principals: Name, Title: _____ Principals: Name, Title: _____

A/P Contact: _____ Phone: _____ E-mail: _____

E-mail address to send invoices to: _____

Please see our invoices for remittance address and ACH information.

Type of Business: Contractor Distributor Industrial/End User Exporter Railroad
 Municipality/Government Other DNB No.: _____

Circle One: Proprietorship Partnership LLC Incorporated Year Incorporated: _____

U.S. TRADE REFERENCES (A separate sheet may be attached and returned with this signed Application)

Name	Address	Phone	Fax (Required)	Email (Required)
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

BANK REFERENCE

Name	Contact	City/State	Phone	Fax
_____	_____	_____	_____	_____

Types of Products you expect to purchase from us? _____

In consideration of an open account credit terms with creditor, applicant agrees to all terms/conditions as set forth within these provisions. Terms of sale are net 30. This application and information contained herein is a request for extension of credit for commercial business use only. Applicant authorizes creditor to obtain written or oral report of credit from credit reporting agency, bank or commercial business with whom applicant has current or inactive experience to give any/all necessary information to creditor which will assist in credit investigation. Applicant further authorizes creditor to reinvestigate applicant's credit status from the time creditor deems necessary to limit/terminate credit arrangement with applicant. If account becomes delinquent and is placed for collection, applicant agrees to reimburse, indemnify, and pay seller all reasonable cost, expenses, and/or collection fees incurred in collection of aforementioned delinquency where it is handled by collection agency, commercial forwarder and/or attorney. Delinquency could resolve in late fee charges.

REQUIRED: Authorized Rep Signature: _____ Title: _____

Print Name: _____ Date: _____

A Stucki Company 360 Wright Brothers Drive, Moon Township, PA 15108 P:412-424-0560 sales@stucki.com

PLEASE EMAIL COMPLETED APPLICATION TO SALES@STUCKI.COM OR FAX TO 630-783-2590

With your credit application please include the following:

IRS W-9 [2024 template]

[Form W-9 \(Rev. March 2024\) \(irs.gov\)](#)

Or IRS W8 BEN-E if foreign.

Sales tax exemption certificate(s) if applicable.

Financial statements – 2 years requested.
