

Credit Application

PHONE: 1-800-252-2306

FAX: 1-207-490-2998

95 Cyro Drive, Sanford ME 04073 www.advancedbuildingproducts.com

Business Name:	_					
Billing Address:						
City:			State:		Zip:	
☐ Email Invo	oices to:					
Shipping Address:						
City:			State:		Zip:	
Phone:		Fax:		Contact:		
Accounts Payable Co	ntact:		Phone:			
Year Business Began	:	Type of Business:	Wholesale_ Retail			
Parent Company:			Other		Specify	
Re-Seller Number:		* Please attach a co	py of reseller o	certificate w	ith this document	
		Present S				
Name	City & State	Present S	uppliers: Fax Numbe	er	Email	
1)	City & State	Telephone		er	Email	
1)		Telephone		er	Email	
1)		Telephone		PΓ	Email	
1) 2) 3)		Telephone		er	Email	
1) 2) 3) 4)		Telephone		er	Email	
1) 2) 3) 4) 5)		Telephone		er	Email	
1) 2) 3) 4) 5)		Telephone		er	Email	
2) 3) 4) 5) 6) 7)		Telephone	Fax Number			



Signature / Title

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To Whom It May Concern; have applied for Credit with (Company) Advanced Building Products, Inc., and have provided them with our bank account information. I authorize the release of information pertaining to the below referenced account(s) to Advanced Building Products and/or their Agents for the purpose of determining credit terms. Please provide the below requested information to facilitate this process. Your help in this matter is greatly appreciated. Signature: _____ Name (Printed): Bank Name/Address: ______ Telephone: Email: Officer to Contact: Account Number: Additional Accounts: Accounts: Checking: Date Account Opened: Daily Average Balance: Savings: _____ Date Account Opened: _____ Daily Average Balance: Other/LOC: ____ Date Account Opened: ____ Daily Average Balance: If yes, please explain: Has the client had any overdrafts / NSF?

Date