

**Farrar Filter Company**  
**110 Straight Street Paterson, NJ 07509**  
**Ph: (973) 977-2380 Fax: (973) 977-2383**  
**Air Filter Sales and Service**  
**FARRAR FILTER CREDIT APPLICATION**

Print out this form, fill out and fax back to 973-977-2383

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Sales Tax Exempt? **YES** **NO** (circle one)

*(If you are EXEMPT, please provide a copy of your exemption certificate with application.)*

DUNS # (If Known): \_\_\_\_\_

Bank Name: \_\_\_\_\_ Acct #: \_\_\_\_\_

Phone #: \_\_\_\_\_ Contact Person: \_\_\_\_\_

.....  
**Please provide three (3) trade references:**

Company Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Company Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Company Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_