

P.O. Box 579
Industrial Drive
Bellows Falls, VT 05101
Tel: 802-463-9558
Sales: 800-323-0479



CREDIT APPLICATION

Name: _____ Date: _____

Trade Name (If Different): _____

Billing Address: _____

Telephone Number (include Area Code): _____

Name of Individual to Contact Regarding Accounts Payable: _____

Type of Business: _____ Year Established: _____

Organization Structure: Corporation: _____ Proprietorship: _____ Partnership: _____

Name of Parent Organization (If Different): _____

Address of Parent Organization (If Different): _____

TRADE REFERENCES: (Give Only Names Of Those You Buy From On Open Account)

Reference #1:

Name: _____

Address: _____

City, _____ State _____ Zip: _____

Telephone: _____ High Credit: _____

Reference #2:

Name: _____

Address: _____

City, _____ State _____ Zip: _____

Telephone: _____ High Credit: _____

Reference #3:

Name: _____

Address: _____

City, _____ State _____ Zip: _____

Telephone: _____ High Credit: _____

BANK REFERENCE:

Name: _____

Address: _____

City, _____ State _____ Zip: _____

Telephone: _____ Normal Balance Carried: _____

The above information is offered for your consideration as a basis for the extension of credit to us on terms of NET 30 DAYS from date of invoice. We, hereby, authorize you to contact our Trade and Bank References for the normal credit information, as may be required by your firm.

Signature: _____ Date: _____

Title: _____