



6 Kennedy Drive
 Putnam, CT 06260
 (860)963-6584 Tel
 (860)963-7063 Fax

APPLICATION FOR CREDIT

Business Information

The following information must be provided and will be kept in the strictest of confidence

Name of Business:	
Complete Billing Address	
Years at this address:	
Telephone & Fax	Phone: ()
	Fax:
Email Address:	
This Business is a:	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC
Federal Tax ID Number:	
What date did business begin:	
Bank name and complete address:	Name:
	Address:
	Phone: Fax:
Accounts Payable Contact:	AP Contact Name:
	AP Contact Phone:

Credit References

Credit Application will not be processed without three valid trade references. They must include fax numbers.

Reference 1:

Name	
Street Address	
City/ State & Zip	
Phone #	
Fax #	
Contact	

Reference 2:

Name	
Street Address	
City/ State & Zip	
Phone #	
Fax #	
Contact	

Reference 3:

Name	
Street Address	
City/ State & Zip	
Phone #	
Fax #	
Contact:	

Additional Business Information

Is your company Tax Exempt? YES NO

If YES please complete and send back exempt certificate

Does your company require PO's? YES NO

Are all of your employees authorized to sign scale tickets (Used for billing)?

YES NO

If NO list only employees who are authorized to sign scale tickets

1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____

Used additional sheet if needed

**Terms of Sale: Net 30 days. Interest rate of 1.5% on past due accounts
If company defaults in payment, it will be responsible for interest charges, all third party fees and all attorney fees incurred.**

I certify that all information completed in this credit application is correct and agree to the above terms of sale.

Date: _____

Officer's Signature: _____

Title: _____

APPROVED	REFUSED
Approved By:	Refused By:
Date:	Date: