



CREDIT APPLICATION

Instructions: Print out this form, fill it out and fax it to 203.315.0429

Federal Tax ID: _____ Date: _____

Legal Name: _____

Trade Name (if any): _____

Address: _____

Business Phone: _____ Business Fax: _____

Type of Business: Corporation Partnership Individual Business Other _____

PRINCIPALS OR OWNERS:

1) Name: _____ Home Address: _____

Title: _____ Home Phone: _____ Cell Phone: _____

2) Name: _____ Home Address: _____

Title: _____ Home Phone: _____ Cell Phone: _____

3) Name: _____ Home Address: _____

Title: _____ Home Phone: _____ Cell Phone: _____

BANK REFERENCES:

1) Name: _____ Account Number: _____

Address: _____

2) Name: _____ Account Number: _____

Address: _____



TRADE REFERENCES:

1) Supplier Name: _____ Phone #: _____ Fax #: _____

2) Supplier Name: _____ Phone #: _____ Fax #: _____

3) Supplier Name: _____ Phone #: _____ Fax #: _____

We certify that the above information is true and correct and we agree to pay this account in accordance with your credit terms. We authorize you to verify this information and/or obtain additional information by securing data from a credit-reporting agency. We understand that all past due balances will be subject to 1 1/2% per month service charge. We further agree to pay 25% collection charge, in the event of default, if the account is placed with an attorney or bonded collection agency.

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____

SIGN HERE

PERSONAL GUARANTEE:

For good and valuable consideration, the undersigned (jointly & individually) agree to be personally liable for all indebtedness incurred by the above listed corporation or business entity. The undersigned (jointly & individually) further agree to be personally liable for all indebtedness based on the extension of credit to any other corporation or business entity with which the undersigned is or may be affiliated. If a default in the terms of payment occurs on any account on which the undersigned is or may be liable, and which is placed with an attorney or bonded collection agency, the undersigned (jointly & individually) agree to pay an additional 25% collection charge on the entire unpaid balance.

Signature: _____ Witness: _____ Date: _____

Signature: _____ Witness: _____ Date: _____

WITNESS

THE USE OF MY CORPORATE TITLE IS ONLY TO IDENTIFY MY POSITION IN THE COMPANY AND IN NO WAY NEGATES MY PERSONAL GUARANTEE.