

860.693.0731

800.569.1293

Fax 860.693.2197

	Credit Application		
Business Name:		Phone:	
Billing Address:		Fax:	
		Email:	
Ship to Address:			
Are you a subsidiary?If so, r	name of parent company:		
Attach sale tax exemption certificate	e, if non-taxable		
Years in business:			
Bank Information:			
Bank Name:		Contact:	
Address:		Phone:	
		Email:	
References:			
Name:		Contact:	
Address:		Phone:	
		Fax:	
		Email:	
Name:		Contact:	
Address:		Phone:	
		Fax:	
		Email:	
Name:		Contact:	
Address:		Phone:	
		Fax:	
		Email:	
We require that you use purchase orders or job Net 30 days, Penalty after 60 days 1-½% per mo		Engineering terms of payment are	e:
The undersigned, as an employee of the above corporate payment for any credit extended to t			ees
Signature	Title		Date