



PO Box 1770, Plaistow, NH 03865
800-278-3626 FAX: 603-378-0816

CREDIT APPLICATION

Name of Business: _____

Billing Address: _____

Shipping Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Description of Business: _____

Federal ID #: _____ D & B #: _____

Tax Exempt #: _____ (Please attach certificate if applicable)

Estimated Annual Revenues: _____ Year Established: _____

TRADE REFERENCES (Company Name, Contact Person, Address, Phone, Fax

1. _____

2. _____

3. _____

BANK REFERENCE:

Name of Bank: _____

Address: _____

Phone: _____ Fax: _____

Contact: _____ Account #: _____

COMPANY OFFICERS

Name: _____ Title: _____

Name: _____ Title: _____

Accounts Payable Contact: _____ Phone: _____

SIGNATURE: _____ Title: _____

Date: _____