



50C Budney Road  
 Newington, CT 06111  
 800-247-3639 Fax: 860-665-9821

**Confidential Credit Application**  
*All information must be completed for credit*

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number *(required)*: \_\_\_\_\_

Years in Business: \_\_\_\_\_

**Trade Reference 1:**

Company Name: \_\_\_\_\_ Account No. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number *(required)*: \_\_\_\_\_

**Trade Reference 2:**

Company Name: \_\_\_\_\_ Account No. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number *(required)*: \_\_\_\_\_

**Trade Reference 3:**

Company Name: \_\_\_\_\_ Account No. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number *(required)*: \_\_\_\_\_

**Bank Information:**

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number *(required)*: \_\_\_\_\_

***Please Read and Understand Our Credit Policy:***

*Payment terms for all open accounts are " Net 30 days". Accounts that reach 45 days past due will automatically be changed to a COD account adding all unpaid invoices. Accounts that reach 60 days past due will be automatically be placed on credit hold status until the past due amount is received. You will be notified if your account is past due or if your account is being held.*