



THE NEW HAVEN COMPANIES, INC.

CREDIT APPLICATION

PURCHASER:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

PHONE #:

FAX #:

TYPE OF BUSINESS:

HOW LONG IN BUSINESS?

(INDICATE ONE): PROPRIETORSHIP PARTNERSHIP CORPORATION S-CORPORATION

NAME OF PRINCIPAL:

SS# OR FEIN

ADDRESS OF PRINCIPAL:

CITY:

STATE:

ZIP CODE:

BANK REFERENCE

BRANCH

CITY/STATE

PHONE #

FAX #

BANK OFFICER/CONTACT PERSON

ACCOUNT TYPE

PERSONAL

BUSINESS

CHECKING ACCOUNT #

SAVING ACCOUNT #

CMCL LOAN #

INSTALL LOAN #

TRADE REFERENCES

NAME & CONTACT PERSON

EMAIL

ADDRESS

PHONE

1.

2.

3.



PAID OUT CREDIT
CREDITOR NAME _____ PHONE _____

ADDRESS _____ CONTACT PERSON _____

ACCOUNT # _____ COLLATERAL _____ DATE OPEN _____ DATE CLOSED _____

TAKEN BANKRUPTCY WITHIN 10 YEARS?
NO YES YEAR ANY ITEMS REPOSSESSED? NO YES

PLEASE ATTACH LAST 3 YEARS FINANCIAL STATEMENTS & INCOME TAX STATEMENTS

PURCHASER'S FINANCIAL AND CURRETN CREDIT STATEMENT

ASSETS (WHAT IS OWNED)
CASH ON HAND CITY/STATE ACCOUNT# VALUE \$
BANK CKG

BANK SVGS

BANK LOAN

REAL ESTATE (DESCRIBE):

TRUCKS OWNED (DESCRIBE):

TRAILERS OWNED (DESCRIBE):

ACCOUNTS RECEIVABLE (FROM WHOM DUE):

TOTAL ASSETS \$:



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LIABILITIES (WHAT IS OWED)

ACCOUNTS PAYABLE

AMOUNT OWED \$:

(DEBT SUCH AS CREDIT CARD, FUEL COMPANY, MORTGAGES, ETC.)

| COMPANY | ACCOUNT # | PHONE |
|----------------------------|-----------|-------|
| 1. | | |
| 2. | | |
| 3. | | |
| TOTAL ACCOUNTS PAYABLE \$: | | |

| OTHER LIABILITIES (FINANCED BY) | | BALANCE OWED \$: |
|---------------------------------|------------|------------------|
| NAME | CITY/STATE | PHONE |
| CONTACT PERSON | ACCT # | PAYMENT |
| NAME | CITY/STATE | PHONE |
| CONTACT PERSON | ACCT # | PAYMENT |
| NAME | CITY/STATE | PHONE |
| CONTACT PERSON | ACCT # | PAYMENT |

I HEREBY WARRANT THE TRUTH AND ACCCURITY OF THE ABOVE.

BY: TOTAL LIABILITES \$:

By signing this credit application, each applicant and principal make the above representations for the purpose of securing credit and state that all of the above are complete, true and correct. The New Companies, Inc. (a "New Haven" entity), or any Financial Institutions designated by any of them, are each hereby authorized to obtain such information as may be required concerning the material contained herein to verify information by use of credit reporting agencies, including but not limited to TRW reports and/or references listed. By placing your signature below, the applicant and principal consent to the jurisdiction of any federal or state court in Cook County, Illinois as well as in the state and county in which the New Haven office is located and from which the referenced items are being delivered and further waive any right to trial by jury in the event any action is instituted against you for non-payment of your account with respect to any purchase or rental of products or services from any New Haven entity or its affiliates. By signing this credit application, principal agrees personally to be responsible for any credit extended to applicant. The Additional Terms and Conditions either attached to this application or if not attached, then as set forth on New Haven's web site at www.NewHaven-usa.com, shall govern the terms of purchase or rental of products or services from any New Haven entity or its affiliates.

APPLICANT'S SIGNATURE DATE

PRINCIPAL'S SIGNATURE DATE



THE NEW HAVEN COMPANIES, INC.
NEW CUSTOMER SETUP REQUEST

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ FAX NUMBER: _____

PURCHASING CONTACT: _____ EMAIL ADDRESS: _____

SHIP TO ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

ACCOUNTS PAYABLE CONTACT: _____ EMAIL ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

NEW HAVEN USE ONLY

SALES PERSON: _____

SHIPPING METHOD: _____

TAX EXEMPT (PLEASE SEND COPY OF EXEMPT CERTIFICATE AND NEW HAVEN RESALE/EXEMPTION INFORMATION): _____

TERMS: _____ CREDIT LIMIT: _____

ACCOUNT TYPE: LOCAL _____ NATIONAL _____

AUTHORIZATION: _____
(IF CUSTOMER IS ASKING TO START A CHARGE ACCOUNT YOU MUST HAVE A NEW HAVEN MANAGING PRINCIPAL SIGNATURE)



THE NEW HAVEN COMPANIES, INC.
RESALE/EXEMPTION INFORMATION

The undersigned hereby certifies that the material and/or equipment which shall be purchased from The New Haven Companies, Inc. is exempt from sales tax for the reason(s) indicated below:

Check All Applicable

Exemptions Descriptions

_____ Nonprofit, religious, educational, or charitable institution in the course of customary activities.

_____ Pay direct: The undersigned assumes responsibility for direct payments to the State of _____ for all sales and use tax.

_____ Resale in the form of tangible personal property in the ordinary course of business. Certificate of Registration (Sales Tax Permit) _____.

_____ Federal Reserve Bank, Federal Land Bank, Federal Credit Union, National Bank, State Bank or Trust Company. (Please circle one)

_____ Purchased items, will be used as rolling stock by an authorized interstate carrier for hire hold Certificate of Authority Number _____ from the Interstate Commerce Commission. (Where applicable)

_____ We are not tax exempt, therefore, we shall remit to the vendor any state and local taxes for the material and/or equipment purchased.

List of items to be purchased for resales:

Date: _____

Purchaser: _____

Address: _____

Name: _____

Title: _____

Phone: _____