



121 Lafayette Road
 North Hampton, NH 03862
 603-964-7800
 603-964-7802 (fax)

CREDIT APPLICATION

Please fill out entire application

Full Company Name: _____

Billing Address: _____

Physical Address: _____

Type of Business: _____

Telephone: _____ Fax: _____

Year Established: _____ # of Employees: _____ Federal Tax ID # _____

Division of: _____ Subsidiary of: _____ Headquarters: _____

Corporation Partnership Proprietorship Other – Explain

Estimated Annual Sales: \$ _____ Anticipated Monthly Purchases: \$ _____

Principal Owner or Manager (s):

	<u>Name</u>	<u>Address</u>	<u>Phone</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Trade References (please include fax number):

	<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Fax</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Bank References (please include fax number):

	<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Fax</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Authorized Signature: _____ Date: _____

Do you require a Purchase Order Number? _____