



P.O. Box 7339, Gonic, NH 03839-7338  
Tel. (603) 332-2730 Fax (603) 332-9285

## CREDIT APPLICATION

PLEASE PRINT

Fax TO: 603-332-9285  
Attn: Sharon Huckins, Accounts Manager

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

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

EIN # \_\_\_\_\_ Duns # \_\_\_\_\_

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

How many years have you been in business: \_\_\_\_\_ Amount of Credit Requested: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Telephone # \_\_\_\_\_

Purchasing Contact: \_\_\_\_\_ Telephone # \_\_\_\_\_

### BANK REFERENCE:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

### TRADE REFERENCES: (please list three references)

1. Company Name \_\_\_\_\_ Contact Name: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Fax # \_\_\_\_\_

2. Company Name \_\_\_\_\_ Contact Name: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Fax # \_\_\_\_\_

3. Company Name \_\_\_\_\_ Contact Name: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Fax # \_\_\_\_\_

Please sign below to authorize these companies to release credit information about your company.

Authorized Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_