



Business Credit Application

9 Grace Avenue • PO Box 263
 Plainville, CT 06062
 (P) 860-747-3884 • (F) 860-747-9309
info@cthone.com

Name/Address

| | | | |
|-------------------|--------|-----------------|-------------|
| Last: | First: | Middle Initial: | Title: |
| Name of Business: | | | Tax I.D. #: |
| Address: | | | Phone: |
| City: | State: | Zip: | Fax: |

Company Information

| | |
|---|--------------------|
| Type of Business: | In Business Since: |
| Legal Form Under Which Business Operates: | |
| Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> | |
| If Division/Subsidiary, Name of Parent Company: | In Business Since: |
| Name of Company Principal Responsible for Business Transactions: | Title: |
| Address: | City: |
| State: | Zip: |
| Phone: | |

Bank and Trade References

| Trade References | Trade References | Bank Reference |
|-----------------------|-----------------------|-----------------------|
| Company Name: | Company Name: | Institution Name: |
| Contact Name: | Contact Name: | Contact Name: |
| Address: | Address: | Address: |
| Phone: | Phone: | Phone: |
| Fax/Email: | Fax/Email: | Fax/Email: |
| Account Opened Since: | Account Opened Since: | Account Opened Since: |
| Credit Limit: | Credit Limit: | |
| Current Balance: | Current Balance: | |

Standard Payment Terms: Net _____

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature

Date