Credit Application

Submit to Fax: 631-844-9095



Connetquot West, Inc.

Health Care Products

Billing Information:	
Legal Name:	Trade Name/DBA
Billing Address:	Telephone:
	Fax:
City, St Zip:	E-mail:
Account Information:	
Year business was established:	Federal Tax ID #
	Dun & Bradstreet #
Is the entity tax exempt?	, if YES, attach copy of exemption certificate
Anticipated annual purchases: \$	Credit Line requested?
Contact Information:	
Controller's Name:	, Telephone# & Ext:
Accounts Payable Contact:	, Telephone# & Ext:
Purchasing Contact:	, Telephone# & Ext:
If a) or b), List Name & Address of Parent Corp: Name: Address:	[] c) Partnership [] d) Proprietor [] c) Not for Profit If b), c), d), List Name(s), Address(es) & Soc. Sec# of Owner(s) Name: Address:
(if additional names, please list information on additional sheet)	Soc. Sec#:
Bank Reference: Bank Name:	Account#:
	Telephone#:
City, St, Zip:	Fax#:
<u>Trade Reference:</u> Name:	Account#:
Address:	Telephone#:
City, St, Zip:	Fax#:
Name:	Account#:
Address:	Telephone#:
City, St, Zip:	Fax#:

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Name:	Account#:
Address:	Telephone#:
City, St, Zip:	Fax#:
Name:	Account#:
Address:	Telephone#:
City, St, Zip:	Fax#:
	to Connetquot West, Inc. to contact commercial & consumer credit reporting agencies and any erences provided, together with any other references which may be provided by these references.
	knowledge and belief the facts stated in herein above are true and correct and that I am duly authorized by a and make the agreements and representations contained herein the name of and behalf of the Applicant
Signature:	Date:
Print:	Title