

# 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: \_\_\_\_\_

**Ownership Information:**

Check one:  a) Public Corp.  b) Private Corp.  c) Partnership  d) Proprietor  e) Not for Profit

If a) or b), List Name & Address of Parent Corp: \_\_\_\_\_ If b), c), d), List Name(s), Address(es) & Soc. Sec# of Owner(s)

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

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

(if additional names, please list information on additional sheet) Soc. Sec#: \_\_\_\_\_

**Bank Reference:**

Bank Name: \_\_\_\_\_ Account#: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone#: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_ Fax#: \_\_\_\_\_

**Trade Reference:**

Name: \_\_\_\_\_ Account#: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone#: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_ Fax#: \_\_\_\_\_

Name: \_\_\_\_\_ Account#: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone#: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_ Fax#: \_\_\_\_\_

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Address: \_\_\_\_\_ Telephone#: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_ Fax#: \_\_\_\_\_

Name: \_\_\_\_\_ Account#: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone#: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_ Fax#: \_\_\_\_\_

Applicant grants permission to Connetquot West, Inc. to contact commercial & consumer credit reporting agencies and any or all of the bank & trade references provided, together with any other references which may be provided by these references.

I hereby certify that to the best of my knowledge and belief the facts stated in herein above are true and correct and that I am duly authorized by the Applicant to submit this application and make the agreements and representations contained herein the name of and behalf of the Applicant.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print: \_\_\_\_\_ Title: \_\_\_\_\_