

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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Name: _____ Account#: _____

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: _____