



PO Box 6010, Watertown, NY 13601
(315) 788-6437 FAX (315) 788-5060

CREDIT APPLICATION

Business Name _____

Delivery Address _____

Billing Address _____

Telephone Number _____

Fax Number _____

Nature of Business _____

Year Business Started _____

Organizational Structure Individual Partnership Corporation
Officers/Owners

Name _____

Title _____

Name _____

Title _____

REFERENCES

Bank Name _____

Address _____

Contact _____

Phone _____

Trade (Name) _____

Phone _____

Address _____

Trade (Name) _____

Phone _____

Address _____

This information is given for the purpose of obtaining credit and is warranted to be true. You may make any such investigation in respect to my credit as you deem necessary or advisable.

Signed _____

Title _____

Name _____

Date _____