



CREDIT APPLICATION

Company Name _____ Date: _____
AP Contact _____ Title: _____
Bill to: _____ Ship to: _____

Phone: _____ Fax: _____
Parent Company Name (if a division of subsidiary) _____
City State Zip

Type of Organization: _____
Type of Business: _____
Type of Products or Service: _____
How long in business: _____ Number of persons employed: _____

Name of Corporate Officers: _____

Bank References: _____
Name Mailing Address Account Number

Accounts under what name: _____

Trade References:
Must give at least three. **FAX NUMBER IS REQUIRED.**

| Name | Mailing Address | Fax Number/Phone |
|-------|-----------------|------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Are you listed in Dun & Bradstreet: _____ If yes, D & B number: _____

TERMS NET 30.

Signature: _____ Title: _____

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