

Date:

P.O. Box 154 • Center Rutland, Vermont 05736 • Tel: (802) 438-5454 • 1-800-639-6270 • Fax: (802) 438-5183

CREDIT APPLICATION

Company Name:					Date:			
Address:					Phone:			
					FAX:	<u></u>		
	wnership: (Check one)							
	Proprietorship	☐ Corpo	ration $\ lue$	Partnership		Individual		
List Princi	pals Below:							
Name		Address			City, State, Zip			
Name		ļ	Address	City, State, Zip				
Bank Refe	erence:							
Bank:					Phone:			
Address:					Contact:	- 	·	
Please list	the names, addresses,	ohone and fax ni	umbers of at least thre	e firms where yo	ou purchase o	on an open account.		
Name		Address			City	y, State, Zip	Phone	
Name		ļ	Address	City, State, Zip			Phone	
Name		ļ	Address	City, State, Zip			Phone	
Anticipate	ed Credit Requirement:	\$						
	ent of the necessity of co nd reasonable attorney'		elinquent accounts th	e customer will b	e charges all	costs of collection, incl	uding court costs,	
	be a finance charge of insunpaid in excess of the							
below. Aft	lication is being made b ter such personal signat corporation or company ment.	ures are given, p	erson so signing bind	hemselves indiv	idually and in	their personal capacity	, in addition to their	
Signature Guarantoi	& Title of Applicant r		Date	Signat Guara	ture & Title of	Applicant	Date	
Witness:								