

APPLICATION FOR CREDIT

Applicant Information

NAME OF FIRM OR INDIVIDUAL

ADDRESS

CITY

STATE

ZIP

NO. OF YEARS AT
THIS ADDRESS

TELEPHONE NUMBER

FAX NUMBER

DUN & BRADSTREET (D&B) NUMBER

Bank References

BANK

BANK OFFICER OR DEPARTMENT

COMPLETE BANK ADDRESS

TELEPHONE

Trade References

1. BUSINESS NAME

ADDRESS

CITY/STATE/ZIP

TELEPHONE

FAX

2. BUSINESS NAME

ADDRESS

CITY/STATE/ZIP

TELEPHONE

FAX

3. BUSINESS NAME

ADDRESS

CITY/STATE/ZIP

TELEPHONE

FAX

4. BUSINESS NAME

ADDRESS

CITY/STATE/ZIP

TELEPHONE

FAX

Organizational Information

Corporation

Partnership

Individual

Check if incorporated within the past 12 months

Name of Principal(s)

1. NAME

ADDRESS

TELEPHONE

2. NAME

ADDRESS

TELEPHONE

3. NAME

ADDRESS

TELEPHONE

4. NAME

ADDRESS

TELEPHONE

We verify that all information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

SIGNED

TITLE

DATE

HERMELL PRODUCTS, INC.

P.O. BOX 7345
9 BRITTON DRIVE
BLOOMFIELD, CT 06002

(860) 242-6550 * (800) 233-2342 * (860) 243-0361 FAX

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