



733 Killingworth Rd (Rt 81)
Higganum, CT 06441
(Exit 9 off Rt 9)
(860) 345-4591
FAX (860) 345-0941

CREDIT APPLICATION

Date _____

Company Name _____

Address _____

City/State/Zip _____

Business Telephone _____ FAX _____

Corporation _____ Partnership _____ Proprietorship _____ Other _____

Date Business started _____

Owner/s _____

Trade Credit References (Include Business Name, Address and **Phone Number**)

(1) _____

(2) _____

(3) _____

Bank Name, Address, Phone Number and Branch

(1) _____

(2) _____

NOTE: Interest at 1% per month will be charged on all past due accounts. Applicant agrees to pay all costs, including reasonable attorney fees if this account is placed for collection.

Signature _____ Date _____

Typed name _____