

One Grand Street
Wallingford, CT 06492
203-269-2300
888-441-0537

203-265-6190 Fax
e-mail: mslater@danver.com
Website: www.danver.com

CREDIT APPLICATION

TO: Name: _____
Address: _____

Phone: _____
Fax: _____

Type of Business: Sole Proprietor Partnership Corporation

How long in business: _____

Names and address of individuals or partners – or – Name, Title, Phone of Corporate Officers

Names of persons to contact regarding purchase orders, invoices, billing (title address, phone)

Bank References

Account Number, Contact, Title, Phone

Trade references: Company name, address, contact, title and phone

The above information is submitted for the sole purpose of opening an account and I hereby certify the information to be true.

Signed: _____

Title: _____

Date: _____

COMPLETED BY: _____