

# Credit Application

## CUSTOM COMPOSITE MFG, INC

Please complete this credit application and fax it to Custom Composite Mfg, Inc at 401-275-4901. If you have any questions, please call 401-275-2230. Thank you.

### Business Information

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

Business Type:  Proprietorship  Partnership  Corporation  Other \_\_\_\_\_

Fed ID Number \_\_\_\_\_ Social Security # \_\_\_\_\_

### Bank Reference

Bank \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

Acct Type/Number \_\_\_\_\_

### Credit References (Trade Accounts)

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

**I certify that information contained in this application is correct.**

**I understand the credit terms (NET 30) of Custom Composite Mfg, Inc and agree to comply with those terms.**

**I hereby authorize the release of credit information from the references listed above.**

Applicant's Name \_\_\_\_\_ Title \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_