

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 _____