

Business Credit Application

Fax to 203-938-2962

Name/Address

| | | | |
|------------------|--------|-----------------|-----------------------------|
| Last: | First: | Middle Initial: | Commercial Spray License #: |
| Name of Business | | | Tax ID. Number |
| Address: | | | |
| City: | State: | Zip: | Phone: |

Company Information

| | | | | |
|---|--------------------|--------|------|--------|
| Type of Business: | In Business Since: | | | |
| Legal Form Under Which Business Operates: | | | | |
| Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> | | | | |
| If Division/Subsidiary, Name of Parent Company: | In Business Since: | | | |
| Address: | City: | State: | Zip: | Phone: |
| Name of Company Principal Responsible for Business Transactions: | | | | |
| Address: | City: | State: | Zip: | Phone: |

Bank References

| | | |
|---------------------|---------------------|---------------------|
| Institution Name: | Institution Name: | Institution Name: |
| Checking Account #: | Checking Account #: | Checking Account #: |
| Address: | Address: | Address: |
| Phone: | Phone: | Phone: |

Trade References

| | | |
|---------------|---------------|---------------|
| Company Name: | Company Name: | Company Name: |
| Contact Name: | Contact Name: | Contact Name: |
| Address: | Address: | Address: |
| Phone: | Phone: | Phone: |

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature

Date