

Application for Credit

CHAPIN AND BANGS

P.O. BOX 1117

BRIDGEPORT, CT 06601

ATTN: DON HAMILTON - CREDIT MANAGER

Company Name _____

Mailing Address: Street _____

City: _____ State _____ Zip _____

Shipping Address: Street _____

City: _____ State _____ Zip _____

Phone () _____ Tax Exempt # _____

Yrs. in Business _____ Type of Bus. _____

Type of Ownership: Corporation Partnership Individual

Principal Owners or Officers:

Name	Title	Address	City	State
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Application for credit is hereby made and the following references given. It is understood this information will be held in strictest confidence and used only by your Credit Dept.

Please give at least three commercial references **PREFERABLY METAL RELATED** plus one bank. List number of years you have been doing business with each firm.

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

BANK REFERENCE

Name _____ Bank Officer to Contact _____

Address _____ Acct. # _____

City _____ State _____ Zip _____ Phone _____

We understand this application for credit is subject to your approval and we agree to comply with the terms of 1/2% 10/ net 30 days from date of invoice.

Signed _____ Title _____ Date _____