



Divisions of CMP Industries, LLC
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 ISO 13485:2003

Company# _____

CREDIT APPLICATION

COMPANY INFORMATION

Company _____ Phone _____

Billing Address _____ Shipping Address _____

City _____ State ____ Zip _____ City _____ State ____ Zip _____

Contact Person _____ Contact Person _____

Check One Proprietorship Corporation Partnership
 Principal Owner(s)

Social Security Numbers

Tax Status

Check One Taxable Resale (Please Attach Certificate)
 Tax Exempt (Please Attach Certificate)

Fed ID No. _____

Years in Business _____

Type of Business _____

Number of Employees _____

BANK INFORMATION

Bank Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Contact Person _____

Checking Account # _____

TRADE INFORMATION

Trade References: Please give complete addresses as we do most of our credit checking by mail.

1. Name _____

Account # _____

Address _____

Phone _____ Fax _____

City _____

State _____ Zip _____

2. Name _____

Account # _____

Address _____

Phone _____ Fax _____

City _____

State _____ Zip _____

3. Name _____

Account # _____

Address _____

Phone _____ Fax _____

City _____

State _____ Zip _____

If credit is granted, I agree to pay by the terms outlined and I understand the interest of 1-1/2% per month will be charged on past due balances. I also agree to pay all Attorney's fees, court costs, and all other expenses which may be incurred in collecting past due balances or insufficient fund checks, as permitted by law.

Date _____ Signature _____ Title _____

Office Use: _____ Approved _____ Limit _____

IMPORTANT INFORMATION

A service charge of _____ per month will be assessed on all past due balances. This charge is subject to change at any time. I also agree to pay all attorney fees, court costs, and all other expenses which may be incurred in collecting past due balances or insufficient fund checks as permitted by law.

The above information is provided for the purpose of obtaining credit and is warranted to be true. We hereby authorize the firm to whom this application is made to investigate the references listed relating to my/our credit and financial responsibility.

Signature

Signature

Name

Name

Title

Title

Date

Date

AUTHORIZATION for INDIVIDUAL CREDIT CHECK

I hereby authorize the business to whom this application is made to check my individual credit history in connection with a business transaction involving the firm making this application.

Signature

Name

Date

I am a (check one) Principle Guarantor Other of this firm.

I hereby authorize the business to whom this application is made to check my individual credit history in connection with a business transaction involving the firm making this application.

Signature

Name

Date

I am a (check one) Principle Guarantor Other of this firm.

I hereby authorize the business to whom this application is made to check my individual credit history in connection with a business transaction involving the firm making this application.

Signature

Name

Date

I am a (check one) Principle Guarantor Other of this firm.