



28-10 37th Avenue  
Long Island City, NY 11101  
Tel. 718-361-2300  
Fax. 718-937-5671  
www.cmtool.com

### Credit Application

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

Federal Tax ID: \_\_\_\_\_

Address \_\_\_\_\_

Dun & Bradstreet No.: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Type of Ownership: Corporation \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_

Partnership \_\_\_\_\_ Sole Owner \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

How long in business? \_\_\_\_\_

Principals \_\_\_\_\_

Division or Subsidiary of \_\_\_\_\_

Name & Title \_\_\_\_\_

#### **Trade References**

#### **Bank References**

Name \_\_\_\_\_

Bank Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Contact \_\_\_\_\_

Account Number \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contact \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_

Bank Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Contact \_\_\_\_\_

Account Number \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contact \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Contact \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Agreement:** I/We agree to pay all invoices in accordance with the terms of sale, to pay a finance charge on past due accounts at the interest rate of 18% per year, and to pay all reasonable attorney's fees and costs incurred in the collection and enforcement thereof. Standard terms, subject to credit approval, are Net 30 Days from invoice date unless otherwise stated in writing.

Corporate or Company Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_