

APPLICATION FOR CREDIT

NAPSco.

44 Railroad Avenue • West Haven, CT 06516

Phone: 800-366-2817 • Fax: 800-368-2585

www.napscompany.com**COMPANY INFORMATION**

(Company Name) (Phone) (No. Years at This Location)

(Street Address) (City) (State) (Zip)

(Accounts Payable Address) (Phone) (Contact)

(No. Years in Business Under This Name) (Tax ID# – CT Businesses Only)

Payment Personally Guaranteed? Yes ___ No ___ By _____ Title _____

TYPE OF BUSINESS

- ☐ Sole Proprietorship
☐ Partnership
☐ Corporation
State of _____
☐ Subsidiary
☐ Division
☐ Limited Liability Company

DUN'S # _____

Credit Line Requested \$ _____ Number of Employees _____

OWNERSHIP

(Name of Owner) (Phone)

(Home of Address) (City) (State) (Zip)

(Name of Owner) (Phone)

(Home of Address) (City) (State) (Zip)

(Name of Owner) (Phone)

(Home of Address) (City) (State) (Zip)**TRADE REFERENCE**

(Company Name) (Phone) (Account Number)

(Address) (City) (State) (Zip)

(Company Name) (Phone) (Account Number)

(Address) (City) (State) (Zip)

(Company Name) (Phone) (Account Number)

(Address) (City) (State) (Zip)**BANK REFERENCE**

(Bank Name) (Phone) (Account Number)

(Address) (City) (State) (Zip)

(Bank Name) (Phone) (Account Number)

(Address) (City) (State) (Zip)

All Statements made herein are true and accurate to the best of our knowledge. We authorize the above company to make any and all inquiries necessary for action on this credit application. We hereby indemnify the above company and its agents from any liability resulting from this credit survey.

Authorized Signature: _____

Title: _____

Date: _____

Office Use Only ☐ APPROVED ☐ DISAPPROVED

Amount _____ Date _____

By _____

Date Submitted _____

Date Completed _____