

Application for Credit

The Chapin & Bangs Co.

P.O. Box 1117 • Bridgeport, CT 06601
 Phone: (800) 972-9615 • Fax: (203) 334-8538
 ATTN: Don Hamilton – Credit Manager

Company Name _____

Mailing Address: Street: _____

City: _____ State: _____ Zip: _____

Shipping Address: Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Tax Exempt #: _____

Years in Business: _____ Type of Business: _____

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 Department.

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

If your purchases are exempt from sales tax, please include a completed copy of the appropriate resale or exemption certificate.

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

BANK REFERENCE

Name: _____ Bank Officer to Contact: _____

Address: _____ Account #: _____

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: _____