



CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Company name		Date Established: _____
Address City, State ZIP Code		Business Type:
Phone		<input type="checkbox"/> Partnership
Fax		<input type="checkbox"/> Corporation
Accounts Payable contact		<input type="checkbox"/> Sole proprietorship
Email address		<input type="checkbox"/> Other _____

BANK REFERENCE/INFORMATION

Bank name		Bank Contact name	
Address City, State ZIP Code			
Bank Phone			
Bank Fax		Account number	
Bank E-mail		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

BUSINESS/TRADE REFERENCES

Company name and contact person		Contact email	
Address		Phone	
City, State ZIP Code		Fax	
Company name and contact person		Contact email	
Address		Phone	
City, State ZIP Code		Fax	
Company name and contact person		Contact email	
Address		Phone	
City, State ZIP Code		Fax	

AGREEMENT

I/we hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I/we hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

SIGNATURES

Signature	
Name and Title	
Date	

Please return your completed credit application to Penny Anderson, Office Manager at email: penny@warnerspecialty.com

40-B Montowese Avenue North Haven, CT 06473

Ph: 203-691-9030 Fax: 203-691-9023