



Connecticut Spring & Stamping

Credit Application Confidential

Legal Company Name:			
Trading As (If not the same):			
Address (City, State, Zip):			
Billing Address:			
Phone:		Fax:	
E-Mail Address:		Ever filed personal or business bankruptcy?	
Business Type: Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corp(State) <input type="checkbox"/> Inc Date			
Business Operated from: Home <input type="checkbox"/> Commercial Bldg <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/>			
Type of Business:		Duns#	Federal ID#
Annual Sales \$:		Number of Employees:	
Owners/Officers:			
Name:			
Title:			
How long?			
Previously With Who?			
How Long?			
Trade Suppliers:			
Name:			
Address:			
City/St/Zip:			
Phone:			
Fax:			
Account#			
Banking Reference:			
Name:		Checking Acct#	
Address:		Savings Acct#	
City/St/Zip:			
Contact:		Phone:	
Applicant Signature:		Date:	
Shipping Method (s)		Carrier Account Number (s)	
1			
2			
3			

Who to contact with billing questions:			
Name:		Title:	
Phone:		Fax:	

In consideration of open account terms with Connecticut Spring & Stamping (CSS), applicant agrees to all terms and conditions set forth. Should credit availability be granted, all decisions with respect to extension, continuation, or termination shall be at the sole discretion of the creditor. No terms or conditions of purchase orders different from terms of the creditor will become part of any sales agreement, purchase order, or other document specifically agreed upon in writing by the creditor. We agree all invoices with the stated terms in each invoice, and if not paid on or before said date, are then considered to be delinquent. The undersigned shall be responsible for all collection costs including attorney's fees and court costs, if any, in connection with the delinquent amount.

Standard payment terms are Net 30 days. Balances are due thirty (30) days from date of invoice. In the event of default of payment when due, interest will be accrued at the rate one and one-half percent (1.5%) per month.

The undersigned authorizes CSS to contact trade and banking references given and also outside credit reporting agencies to obtain credit information. This information will be held in confidence for the sole purpose of establishing credit with CSS. All information contained in this application is true and correct to the best of my knowledge.

Legal Company Name:			
Authorized Signature		Date:	
Printed Name:		Title:	

Please send your Credit Application to:

Attention: Accounting
 Phone: 860.677.1341 Ext. 306
 Fax: 860.678.1474
 Email: mack@ctspring.com

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