



Northeast Thermography

10 Capital Drive • Wallingford, Connecticut • 06492 • (203) 269-9696 • Fax (203) 269-5503

Please Complete & Return Both Sides Of This Credit Application.

Your Application Cannot Be Processed Unless It Is Completed In Full.

Credit Application

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Fax: (____) _____ Email: _____

Numbers of years the Company has been in business: _____

Type of Business: () Corporation () Partnership () Proprietorship
() Subsidiary Of Another Company () Branch Of Another Company

List below the names and home addresses of the Officers, Partners, Proprietors

Please list additional branches and addresses on separate paper.

Name	Position or Title	SS#	Home Address, Street, City, State Zip & Phone #
1.			
2.			
3.			
4.			

Bank Reference: _____

Bank Name: _____ Telephone: (____) _____

Address: _____ Acct No.: _____

Credit References: List below three trade suppliers you are currently doing business with:

Name	Position or Title	Address, Street, City, State, Zip
1.		
2.		
3.		

(Please Complete The Other Side)

General Provisions, Certifications and Authorization To Release Information

I (we) hereby certify that the information provided in this credit application is correct. The applicant authorizes Northeast Thermography to obtain a written or oral credit report from any credit reporting agency. The applicant further authorizes any bank or commercial business with whom the applicant has or is doing any type of business to give any and all necessary information to Northeast Thermography which will assist them in their credit investigation. Upon approval of this application for credit the applicant will be notified in writing. All orders from new accounts will be processed on a C.O.D. or check with order basis until this application has been completely filled in and processed and approved.

TERMS:

Please pay by **statement only**. On the 1st of each month, statements will be mailed. Payment in full is expected within 10 days of date of statement. A 1¼% finance charge will be added to any past due amounts and a service charge will be added to any returned checks. Please note that if payments are not received in a timely manner, your line of credit will be removed. Future orders will be shipped C.O.D.

I (we) also agree to pay all costs of collection or attempting to collect or secure any and all debts which I (we) now owe or which I (we) may in the future owe Northeast Thermography for goods sold to me (us) or for services rendered including a reasonable attorney's fee on the unpaid debt so long as any said indebtedness is due and unpaid.

Applicant's Signature: _____ Title: _____ Date: _____

Applicant's Signature: _____ Title: _____ Date: _____