

CREDIT APPLICATION

Please note: current pre-printed credit information is welcome, however Howard S. Twichell Company's credit application must be signed in order to process information.

Company Name:

dba:	Phone:	Fax:
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Address:

City:	State:	ZIP Code:
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Contact:	Amount of Credit Requested:
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Nature of Business:

Corporation:	Partnership:	Proprietorship:
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Federal ID #:	SS# of sole proprietorship:
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OWNERS/OFFICERS:

Name:

Position:	Phone:	Fax:
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Current address:

City:	State:	ZIP Code:
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TRADE REFERENCES:

Company Name:

Address:

Contact:	Phone:	Fax:
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Company Name:

Address:

Contact:	Phone:	Fax:
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Company Name:

Address:

Contact:	Phone:	Fax:
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BANK REFERENCES:

Bank:	Checking Account:
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Contact Person:	Phone:	Fax:
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Address:

Bank:	Checking Account:
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Contact Person:	Phone:	Fax:
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Address:

DISCLOSURE FOR CREDIT INQUIRY:

Applicant company and the undersigned officers/owners hereby authorize Howard S. Twichell Company, Inc. or it's assignee to conduct a credit investigation to verify the statements made in this application and to secure credit reports and other credit information which shall be and shall remain the property of this company or assignee and shall be held in strictest confidence. Applicant and the undersigned officer/owners represent and warrant that all credit and financial information submitted herewith or at any other time is true and correct.

Applicant:	Date:
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By:	Title:
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Please fax back to Howard S. Twichell Co.
Phone: 972-385-0099 Fax: 972-385-1815