

CREDIT APPLICATION

Please complete all areas

Company Name _____ Date _____

Mailing Address _____ City _____ State _____ Zip Code _____

Shipping Address _____ City _____ State _____ Zip Code _____

This Business is a:

Sole Proprietorship Corporation Partnership Non-Profit
 Subsidiary of _____

Sales Tax Status of Purchases:

Taxable Out of State Exempt Resale
 State Permit # _____

CT law requires us to maintain files of exempt and resale certificates. Please provide Harty with the appropriate certificates where applicable or we will be forced to charge sales tax on all purchases.

Years in Business _____ Years at Present Location _____ State in which Incorporated _____

Type of Business _____

OWNERS/OFFICERS

1. Name _____ Title _____

2. Name _____ Title _____

CONTACTS

Purchasing Agent _____ Phone _____

Accounts Payable Contact _____ Phone _____

Controller _____ Phone _____

CREDIT APPLICATION
Please complete all areas (continued)

BANK

Name _____ **Address** _____
Contact _____ **Phone** _____ **Account Number** _____

TRADE REFERENCES

1. Company Name _____ **Address** _____
Contact _____ **Phone** _____

2. Company Name _____ **Address** _____
Contact _____ **Phone** _____

3. Company Name _____ **Address** _____
Contact _____ **Phone** _____

I have read and understand the terms and conditions of sale and agree to be bound thereby.

Firm _____ **Date** _____

Authorized Signature _____ **Title** _____

Individually _____ **Date** _____