



# APPLICATION for CREDIT

(You may mail this form to P.O. Box 789, Farmington, CT 06034 or fax to 1-800-428-1951.)

**Please furnish the following information before placing your first order:**

_____	
Company Name	Contact
_____	
Street Address and /or P.O. Box	City, State & Zip
_____	
Telephone/Fax	Email Address

**Principals: (Owner, Partners, Officers)**

1. _____	
Name, Title	Telephone
2. _____	
Name, Title	Telephone
3. _____	
Name, Title	Telephone

**Tax Status:** Taxable  Resale  Exempt

\_\_\_\_\_ Tax Identification #

**Credit References**

_____	_____
Name	Name
_____	_____
Mailing Address	Mailing Address
_____	_____
City, State & Zip	City, State & Zip
_____	_____
Phone Fax	Phone Fax

**Bank References:**

_____	_____
Name	Name
_____	_____
Mailing Address	Mailing Address
_____	_____
City, State & Zip	City, State & Zip
_____	_____
Phone Fax	Phone Fax
_____	_____
Account Number	Account Number

**Release Authorization:** *I authorize the above Bank(s) and Credit References to release the appropriate financial information to Data Management, Inc. for the purpose of establishing an open line of credit.*

Authorizing Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name & Title \_\_\_\_\_