



Application for credit

Name	
Business name	
Street address	
Street address	
City	
State	
Zip code	
Phone	
E-mail address	
Web site address	
Social security number	
or Federal tax ID	
State sales tax ID	
Year business started	
Type of business:	<input type="checkbox"/> Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LCC
Bank info:	
Name	
Account number	
Phone number	
Trade references:	
Name	
Phone number	
Name	
Phone number	
Name	
Phone number	

If credit is extended to me(us) by Connecticut Photographics, I (we) agree to pay Connecticut Photographics' invoices within 30 (thirty) days of issuance. I(we) further agree to pay 1 ½ % per month finance charge on any balance more than 30 (thirty) days due. I(we) agree to pay any attorney's fees and/or court costs incurred by Connecticut Photographics in collecting all monies due. Any account more than 60 (sixty) days past due will be placed on a C.O.D. status until all past monies are collected.

Signature _____ Title _____ Date _____