

DEFEO MANUFACTURING

115 COMMERCE DRIVE | BROOKFIELD, CT | 06804

Customer Credit Application

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip Code _____

Telephone: _____ FAX: _____

Web Address: _____

Email Address: _____

Organization Information

Federal Identification Number: _____

Date Business Started: _____

Nature of Business: _____

Chief Executive Officer: _____

Chief Financial Officer: _____

Accounts Payable Contact: _____

Duns Number: _____ D&B Rating _____

Bank Reference

Name: _____ Contact: _____

Telephone: _____ Fax: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Account Number: _____

Trade Reference #1

Name: _____

Telephone: _____ Fax: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact: _____

Email: _____

Trade Reference #2

Name: _____

Telephone: _____ Fax: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact: _____

Email: _____

Trade Reference #3

Name: _____

Telephone: _____ Fax: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact: _____

Email: _____

By signing this, I hereby authorize the above named organizations to release any information ordinarily given by the respective organization to DeFeo Manufacturing.

Signature: _____

Title: _____ Date: _____