

DEFEO CUSTOMER CREDIT APPLICATION

PLEASE FILL OUT & SEND BACK BY FAX TO **203.775.0816**,
OR VIA EMAIL TO **BILLING@DEFEOMFG.COM**

ORGANIZATION INFORMATION

COMPANY NAME: _____
STREET ADDRESS 1: _____
STREET ADDRESS 2: _____
CITY: _____ STATE: _____ ZIP CODE: _____
TELEPHONE: _____ FAX: _____
WEBSITE ADDRESS: _____
EMAIL ADDRESS: _____
FEDERAL IDENTIFICATION #: _____
DATE BUSINESS STARTED: _____
TYPE OF BUSINESS: _____
CHIEF EXECUTIVE OFFER: _____
CHIEF FINANCIAL OFFER: _____
ACCOUNTS PAYABLE CONTACT: _____
DUNS #: _____ D&B RATING: _____

BANK REFERENCE

NAME: _____
CONTACT: _____
CONTACT EMAIL: _____
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 DEFEQ.

PRINT NAME: _____

SIGNATURE: _____

TITLE: _____ DATE: _____