



# Wipers · Janitorial · Packaging · Safety

Carey Wiper & Supply Co. 1367 East Street, New Britain, CT 06053  
 T. 860-224-2459 F. 860-229-7870 careyonline.net

## CREDIT APPLICATION

Company Information	
Company Name:	_____
Billing Address:	_____
City:	_____ State: _____ Zip: _____
Phone:	_____ Fax: _____ Email: _____
Shipping Address (if different):	_____
City:	_____ State: _____ Zip: _____
Phone:	_____ Fax: _____ Email: _____
Business Type:	<input type="checkbox"/> Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Individual FEIN or SS#: _____
Years in Business:	_____ yrs Monthly Statement? <input type="checkbox"/> Y <input type="checkbox"/> N Sent: <input type="checkbox"/> Via Email <input type="checkbox"/> Via Fax
Invoicing:	<input type="checkbox"/> Via Email <input type="checkbox"/> Via Fax Email/Fax - if different from above: _____
A/P Contact:	_____ A/P Phone: _____
A/P Fax:	_____ A/P Email: _____

Owners, Partners or Officers	
Name:	_____ Title: _____
City:	_____ State: _____ Zip: _____
Name:	_____ Title: _____
City:	_____ State: _____ Zip: _____

Bank & Credit References	
Name of Bank:	_____ Phone: _____ Fax: _____
Email:	_____ City: _____ State: _____ Zip: _____
Business Reference:	_____ Phone: _____ Fax: _____
City:	_____ State: _____ Zip: _____ Contact: _____
Business Reference:	_____ Phone: _____ Fax: _____
City:	_____ State: _____ Zip: _____ Contact: _____
Business Reference:	_____ Phone: _____ Fax: _____
City:	_____ State: _____ Zip: _____ Contact: _____

Indicated by my signature below, I authorize Carey Wiper & Supply Co. to make inquiries for the purpose of establishing a line of credit. The information provided is true and accurate to the best of my knowledge. I understand we must abide by the established payment terms – standard Net 30 days. I agree to pay any late fees assessed on past due balances (1.5% per month) and to pay expenses incurred for the collection of overdue unpaid balances.

Signed:	_____	Print name:	_____
Title:	_____	Date:	_____