

Couplings Company, Inc.

570 Bond St. / Lincolnshire, IL. 60069
847-634-8990(P) / 847-634-9282(F)
www.brassfittings.com

Credit Application

Date:	Terms: 1% / 10 Net 30 or Credit Card
Federal Tax ID# _____	IMPORTANT: your state resale # _____ ** Please fax us your state resale certificate **

Please Type Or Print

Exact Firm Name:			
Bill To Address:			
Ship To Address:			
City:	State:	Zip:	
Please Check One: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			
Officers Name:		Buyer's Name:	
Phone:	Fax:	A/P Contact:	
Type Of Business:	How Long Operation:	D & B Rating:	
Monthly \$\$ Brass Fittings Volume: \$ _____	Current Brass Fitting Supplier(s) 1- _____ 2- _____		
Name Of Bank:		Contact:	
Address:		City:	State: Zip:
Fax:	Phone:	Acct #:	

TRADE REFERENCES

Name Of Firm		Fax:	
Contact:		Phone:	
Address:	City:	State:	Zip:
Name Of Firm		Fax:	
Contact:		Phone:	
Address:	City:	State:	Zip:
Name Of Firm		Fax:	
Contact:		Phone:	
Address:	City:	State:	Zip:

Applicants' signature attests financial responsibility, ability, and willingness to: Pay our invoices in accordance with terms stated on invoices.

There will be a 1.5% per month service charge on invoices past due.

The above information is for the purpose of obtaining credit and is warranted to be true. We hereby authorize Couplings Company, Inc. to investigate the references listed pertaining to our credit and financial responsibility. This application will be regarded as confidential material.

Signature: _____ (Title)