

**Confidential Credit Application**

We hereby apply for the extension of credit by Insulpane of Connecticut Inc. and submit the following information as a basis for your consideration of our application. You are hereby authorized to investigate this information pertaining to our credit and financial responsibility.

Applicant: Business or Corporate Name			Application Date		
Business Street Address			Billing Address		
City	State	Zip Code	City	State	Zip Code
Business Telephone No.			Business Fax No.		
Business E-mail Address			Contractor's License No.		
Applicant is Engaged in the Business of			Amount of Monthly Credit Desired		
Sales Tax Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No			If Yes, Please Attach a Copy of Valid Exemption Certificate		
Type of Business <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC			Year Business Was Established _____ State _____		

FULL NAME OF OWNER (S) (OR AUTHORIZED OFFICER (S) OF CORPORATION AND TITLES) LIST HOME ADDRESS-SS # FOR PARTNERSHIP, INDIVIDUAL OR LLC		SOCIAL SECURITY #
1.		
2.		
3.		
Accounts Payable Mgr.	A/P Phone	A/P E-Mail
ANNUAL PURCHASES FROM ALL SOURCES \$ _____	ANNUAL SALES \$ _____	FOR YEAR _____
ESTIMATED ANNUAL PURCHASES OF SSC PRODUCTS \$ _____	NET INCOME \$ _____	_____
ESTIMATED LINE OF CREDIT (LIMIT) REQUIRED \$ _____	NET WORTH \$ _____	_____

BANK REFERENCE		LENDING OFFICER	
STREET ADDRESS		ACCOUNT NUMBER	
CITY	STATE	ZIP CODE	PHONE

<b>Principal Suppliers</b>			
Name:	Contact:		
Address	City:	State:	Zip:
Phone:	Fax:		
Name:	Contact:		
Address	City:	State:	Zip:
Phone:	Fax:		
Name:	Contact:		
Address	City:	State:	Zip:
Phone:	Fax:		

Applicant's signature attests to Financial Responsibility, ability and willingness to pay our invoices in accordance with our terms of 1% 10 Net 30 days from invoice date. Should it be necessary to place this account for collection, I/we agree to pay all collection costs and attorney fees. I/we also agree that if partial payments are made or no payment is made on the account within the terms specified that you have the right to assess and I/we agree to pay a "finance charge" computed by applying a periodic monthly rate of 1 1/2% to the past due balance. This is an annual percentage rate of 18%.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Witness: \_\_\_\_\_