

County Heat Treat Div. of United County Industries Corporation 32 Howe Avenue, P.O. Box 330 Millbury, MA 01527 Tel: 508-865-5885

Credit Application Form

Please complete, sign, and return this form along with your W-9 form. Fax forms to: 508-865-4033.

Billing Address:			Office Addr	ess:			
Company Name			Company Name				
Attention			Attention				
Street Address:			Street Address:				
City, State, Zip			City, State, Zip				
Telephone	Telephone						
Fax	Fax						
Email	Email						
			I Information				
Federal Tax ID No.	Company Composition					Corporation State of:	
	□Individual □Pa	rtnership 🛛 LLC		Sub-Chapter S	5 Corp		
Dun & Bradstreet (D&B) No.	1		At Present Locatior	n Since Date			
Principal / Owner	Title	Email			Phone No	. & Extension	
Bank Name Bank Contact Offic			er Phone No. & Extension				
bank name					THORE NO		
Bank Address		City		State		Zip	
			<u> </u>				
Business Name	Address	Re	ferences Contact		Fa	ЭХ	
	, au coo		Contact				
Business Name	Address		Contact		Fa	ах	
Business Name	Address	Address		Contact		ЭХ	
Business Name	Address		Contact		Fa	ЭХ	
All accounts are COD u information on this for consideration of extend	m is correct. I full						
Print Name:							

Signed	Title	Date
Please do not write in the space below		
Credit Approved by:	Credit Refused by:	
Date:		