

CREDIT APPLICATION FORM PDF

**GULL TOOL & ENGINEERING CO., INC.**

10 PIKE STREET, WEST WARWICK, RI 02893

Tel. (401) 828-7600 Fax (401) 822-8188

**APPLICATION FOR CREDIT**

COMPANY NAME \_\_\_\_\_ DATE \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

SHIPPING ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX# \_\_\_\_\_

BUSINESS TYPE \_\_\_\_\_ YEARS IN BUSINESS \_\_\_\_\_

ESTIMATED CREDIT REQUIRED \_\_\_\_\_ PER \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT:

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ TEL# \_\_\_\_\_

**Fax Numbers are required for all credit references**

**TRADE REFERENCES**

CO. NAME \_\_\_\_\_ CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE# \_\_\_\_\_ FAX# \_\_\_\_\_

CO. NAME \_\_\_\_\_ CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE# \_\_\_\_\_ FAX# \_\_\_\_\_

CO. NAME \_\_\_\_\_ CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE# \_\_\_\_\_ FAX# \_\_\_\_\_

**BANK REFERENCE**

NAME \_\_\_\_\_ CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE# \_\_\_\_\_ FAX# \_\_\_\_\_

ACCOUNT# \_\_\_\_\_