



BUSINESS CONTACT INFORMATION

Company name:			
Owner / President:			
Phone:	Fax:	E-mail:	
Billing Address:			
City:	State:	ZIP Code:	
Shipping address (if different):			
City:	State:	ZIP Code:	
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:	State:	ZIP Code:	
Years at Current Address			
Telephone:	Fax:	E-mail:	
Bank name:			
Federal Tax ID:			
Bank address:		Phone:	
City:	State:	ZIP Code:	
Account Type (select below)	Account number		
Checking:	Savings:	Other:	

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

1. All accounts are COD until a credit application has been completed, reviewed and approved.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize CNCG to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURE

Signature:	Print:
Title / Date:	