



CREDIT APPLICATION

17 Hampshire Drive, Hudson, NH 03051
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BUSINESS CONTACT INFORMATION

Company Name:			
Accounts Payable Contact:		A/P Email:	
Billing Address:		A/P Phone:	
City:	State:	ZIP Code:	
How long at current address?		Company Website:	
Federal Tax ID#:		DUNS#:	
Date Business Commenced:		# of Employees:	
Sole Proprietorship:	Partnership:	Corporation:	Other:

BANK REFERENCE

Bank name:			
Bank address:		Phone:	
City:	State:	ZIP Code:	
Type of Account:	Account Number:		
Savings:			
Checking:			
Other:			

BUSINESS/TRADE REFERENCES (EITHER COMPLETE BELOW OR ATTACH)

Company Name:			
Contact Name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Company Name:			
Contact Name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Company Name:			
Contact Name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	

AGREEMENT

Submittal of this credit application is automatic agreement to our [terms and conditions](#). Terms are not guaranteed and are subject to change.

Signature:

Date: