

## Credit Application

(Please Complete & Sign Bank Release on Page 2)

### Company Information

Company Name: \_\_\_\_\_ DUNS #: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_ Fed ID #: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ State \_\_\_\_\_  
 \_\_\_\_\_ Incorporated: \_\_\_\_\_

### Officers or Owners

Names: \_\_\_\_\_ Titles: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Contact Information

Person to Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 (include extension #)  
 Email Address: \_\_\_\_\_

### References

Please provide at least three current business references with address,  
telephone number, fax and email address where available

Company Name: _____ Company Address: _____ _____ _____ _____	Contact: _____ Title: _____ Telephone #: _____ Fax #: _____ Email: _____
Company Name: _____ Company Address: _____ _____ _____ _____	Contact: _____ Title: _____ Telephone #: _____ Fax #: _____ Email: _____
Company Name: _____ Company Address: _____ _____ _____ _____	Contact: _____ Title: _____ Telephone #: _____ Fax #: _____ Email: _____

**Credit Application**  
 (Please Complete & Sign)

**Current Banking Information**

Please provide current banking information and have someone with the proper authority sign below to release the bank information to us

Bank Name: _____	Contact: _____
Bank Address: _____	Title: _____
_____	Telephone #: _____
_____	Fax #: _____
_____	Email: _____

By signing this statement I authorize the bank named herein to release credit information to Peck & Hale for the express purpose of establishing an open account in our name:

_____	_____	_____
(Print Authorized Name)	(Authorized Signature)	(Title)
		_____
		(Date)

**Peck & Hale Official Use**

All accounts are strictly 30 day terms upon approval of Credit Application

_____	_____
(Customer Number)	(Credit Limit)
_____	_____
(Authorized Signature)	(Date)