



Are you tax exempt or a reseller?  
Please attach a copy of your tax  
exempt/resale certificate with your  
completed credit application.

A division of New Precision Technology  
LLC  
98 Fort Path Road  
Madison, CT 06443  
(800) 282-9890 Option 5 /Fax (203) 245-7844

**CONFIDENTIAL CREDIT APPLICATION**

We hereby apply for credit in accordance with USI, a Division of New Precision Technology, LLC

**THE SHIPPING OF YOUR ORDER WILL BE DELAYED PENDING THE COMPLETE PROCESSING OF THE CREDIT APPLICATION. AVERAGE PROCESSING TIME IS 5 BUSINESS DAYS. ACTUAL PROCESSING TIME MAY VARY.**

Firm Name or Individual Name : \_\_\_\_\_

D/B/A : \_\_\_\_\_

Address : \_\_\_\_\_

City: \_\_\_\_\_ State : \_\_\_\_\_ Zip : \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax # : \_\_\_\_\_

Principal/Officer(s) : \_\_\_\_\_ D & B # : \_\_\_\_\_

Company Website: \_\_\_\_\_ Email Address: \_\_\_\_\_

Annual Sales \$ : \_\_\_\_\_ Federal Tax ID # : \_\_\_\_\_

# of Years In Business : \_\_\_\_\_ Social Security # : \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Credit Limit Desired: \_\_\_\_\_

Type of business:  Proprietorship  Partnership  Corporation/State  LLC  Municipal/State/Federal Government

Parent Company: \_\_\_\_\_ Headquarters Location: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone # : \_\_\_\_\_ E-mail address: \_\_\_\_\_

Local Municipality (so business info can be verified): \_\_\_\_\_

**Primary Bank Reference:**

Name: \_\_\_\_\_ Contact : \_\_\_\_\_

Address: \_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_ Zip : \_\_\_\_\_

Telephone : \_\_\_\_\_ Fax#: \_\_\_\_\_

Account # : \_\_\_\_\_ Email: \_\_\_\_\_

**Credit/Trade References:** (Please do not list service references, banks, credit cards, leasing companies, rent, utilities etc.)  
*\*\* Viking Office Products, Office Depot, XEROX, Walmart, Corporate Express, Home Depot, Ikon Office Solutions & Sam's Club, Staples, Kelly Paper & Lowe's DO NOT GIVE credit ratings! – Please do not list them.*

Name: _____	Name: _____
Address: _____	Address: _____
City, State: _____	City, State: _____
Zip: _____	Zip: _____
Phone #: _____	Telephone #: _____
Email/Fax #: _____	Email/Fax #: _____
Account #: _____	Account #: _____

The above information is for the purpose of updating or obtaining credit and is warranted to be true. I hereby authorize the above references to release information relevant to this credit application to USI, a div of New Precision Technology, LLC

Authorized signature of Officer/Principal:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_