

# CONFIDENTIAL CREDIT APPLICATION



ATTN: CREDIT SERVICES  
98 FORT PATH RD  
MADISON, CT 06443  
PHONE 1-800-282-9290  
FAX 1-203-245-8695

## Are you tax exempt or a reseller?

Please attach a copy of your tax exempt/resale certificate with your completed credit application.

### BUSINESS INFORMATION

Firm Name or Individual Name \_\_\_\_\_ D & B # \_\_\_\_\_  
D/B/A \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Address \_\_\_\_\_ Annual Sales \$ \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Years In Business \_\_\_\_\_ Social Security # \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Nature of Business \_\_\_\_\_  
Principal/Officer(s) \_\_\_\_\_ 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 \_\_\_\_\_

### PRIMARY BANK REFERENCE

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Contact \_\_\_\_\_ Fax \_\_\_\_\_  
Address \_\_\_\_\_ Account # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### CREDIT/TRADE REFERENCE

(Please do not list service references, credit cards, leasing companies, rent, utilities, etc.)

|                                  |                                  |
|----------------------------------|----------------------------------|
| Name _____                       | Name _____                       |
| Address _____                    | Address _____                    |
| City _____ State _____ Zip _____ | City _____ State _____ Zip _____ |
| Telephone _____                  | Telephone _____                  |
| Fax _____                        | 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, Inc.

### AUTHORIZED SIGNATURE OF OFFICER/PRINCIPAL

Signed \_\_\_\_\_  
Title \_\_\_\_\_ Date \_\_\_\_\_

Please attach a copy of your tax exempt/resale certificate if you plan to claim a tax-exempt status or resell USI, Inc. products.  
No orders will be shipped until the credit application is processed. Although this usually takes 5 days, actual processing times may vary.