



# Multi-Phase Specialty Material Supply LLC Credit Application

To: Credit Customers and Credit Applicants

We would like to thank-you for your interest in obtaining credit privileges with our company. Listed below are a few items that I would like to make you aware of regarding our credit applications and credit terms.

1. Credit applications must be completed thoroughly. Application must include complete mailing address as well as physical location if PO Box is used.
2. Credit information and credit references on your letterhead are acceptable, but our application must also be returned with an authorized signature.
3. Accounts that are exempt from CT State sales tax must include a completed exemption certificate.
4. Accounts will be charged a \$25 fee in the event that a check is returned by the bank for any reason.
5. Invoices past due 60 days can be subject to a 1 1/2 % service charge per month. Your credit can also be suspended on accounts 60 days past due.

If you have any questions regarding the application or your account with us, you can contact me at 860-295-0103. Again, I would like to thank-you for your interest in doing business with Multi-Phase.

Thank-you,  
Multi-Phase

(Fill out form below and submit or print and fax)

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Company Name: \_\_\_\_\_

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

Physical address if PO Box used: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Accounts payable contact: \_\_\_\_\_ Telephone & extension: \_\_\_\_\_

Description of Business: \_\_\_\_\_

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Fed. ID#: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Bank Address: \_\_\_\_\_ Bank Contact Person: \_\_\_\_\_

## TRADE REFERENCES

1. Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Contact person: \_\_\_\_\_

2. Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Contact person: \_\_\_\_\_

3. Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Contact person: \_\_\_\_\_

We (I) agree to pay all bills on or before 60 days from delivery.

We (I) will pay a 1.5% per month late fee on any balances that remain after 60 days.

We (I) will pay for all legal fees and / or court costs if the account must be collected due to delinquency.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_