



Application for Open Credit Account

Company Name _____

Billing Address _____

Shipping Address _____

City / State / Zip _____

Phone/Fax _____ Email: _____

Primary Contact _____ Phone/Ext# _____

Purchasing Agent _____ Phone/Ext# _____

Accounts Payable _____ Phone/Ext# _____

Credit References

1. Company _____ Ph() _____ Fax() _____

2. Company _____ Ph() _____ Fax() _____

3. Company _____ Ph() _____ Fax() _____

General Information

Type of Business: ___ End User ___ Distributor

If tax exempt, your sales tax # is _____

Please e-mail or fax a signed sales tax exempt certificate along with this application.

We / I certify that all the above information is correct and agree to said terms.

Signed: _____ Title _____ Date: _____



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