

CREDIT APPLICATION

TorqMaster International

ISO 9001 Registered Manufacturer of Custom Friction, Torsion & Damping Hinges

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Stamford, CT 06902

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The following to be completed by your accounts payable department or authorized personnel.
NOTE: You may either print, complete, scan and email OR fill out the form digitally, save and email to us.

Company Name: _____	Address: _____
_____	_____
Date Established: _____	Type:
Years at Present Address:	Corporation Parent Company:
Own Rent:	Partnership Sole Proprietorship
_____	_____
Purchasing contacts: _____	Accounts Payable Contact: _____
E-mail: _____	E-Mail: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
_____	_____
Federal Tax ID#: _____	
Tax Certificate #: _____	
Dun & Bradstreet number (If available): _____	

TRADE REFERENCES (These may be provided on a separate sheet. Current and open accounts only please.)

Reference #1	Name: _____	Contact: _____
	Address: _____	_____
	Phone: _____	Fax: _____
	_____	_____
Reference #2	Name: _____	Contact: _____
	Address: _____	_____
	Phone: _____	Fax: _____
	_____	_____
Reference #3	Name: _____	Contact: _____
	Address: _____	_____
	Phone: _____	Fax: _____
	_____	_____
BANK REFERENCE	Bank name: _____	Account #: _____
	Address: _____	_____
	Phone: _____	Fax: _____
	Contact Person: _____	_____

GENERAL PAYMENT TERMS

My company agrees to pay in accordance with the general payment terms and conditions (typical- Net 30 days). I acknowledge that we are responsible for all wire transfer fees where applicable.

Authorized Signature: _____ **Date:** _____

Printed name: _____ **Title:** _____