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**CREDIT APPLICATION** 

**BUSINESS CONTACT INFORMATION** 

Company Name:						
Accounts Payable Contact:			A/P Email:			
Billing Address:			A/P Phone:			
City:		State:	ZIP Code:	ZIP Code:		
How long at current address? Comp			any Website:			
Federal Tax ID#:			DUNs#:			
Date Business Commenced:			# of Employees:			
Sole Proprietorship:	Partnership:		Corporation:	Other:		
		BANK	REFERENCE			
Bank name:						
Bank address:			Phone:			
City:			State:	ZIP Code:		
Type of Account:	Account Numbe	Account Number:				
Savings:						
Checking:						
Other:						
BUSINE	SS/TRADE REFEREN	CES (EITH	IER COMPLETE BELOW OR PF	ROVIDE ATTACHMENT)		
Company Name #1:			Contact Phone:			
Contact Name:			Contact Email:			
Address:						
City: State:			ZIP Code:			
Company Name #2:			Contact Phone:	Contact Phone:		
Contact Name:			Contact Email:			
Address:						
City: State:			ZIP Code:			
Company Name #3:			Contact Phone:			
Contact Name:			Contact Email:			
Address:						
City:	State:		ZIP Code:			
		AGRI	EEMENT			
Submit	tal of this Credit App	lication i	s automatic agreement to	our terms and conditions.		
	Terms are	e not guai	ranteed and are subject to	change.		