



CBT TECHNOLOGY INC.
 358 NORTH STREET, RANDOLPH MA 02368
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**IF USING YOUR OWN
 FORMAT, IT MUST
 INCLUDE FAX NUMBERS**

CREDIT APPLICATION

A/P CONTACT INFORMATION & CARRIER INFORMATION
THIS SECTION IS MANDATORY

A/P Contact Name:

A/P Contact Fax or Email:

Freight carrier (FOB-Shipping Point): (Leave blank if prepay & bill)

Freight Account Number (attach any shipping guidelines as applicable):

Do you require Certificates of Conformance? Yes: _____ No: _____

BUSINESS CONTACT INFORMATION

Company name : W-9 (Please fill in attached form)

Contact: Title:

Phone: Fax: E-mail:

Bill to address:

City: State: ZIP Code:

Ship to Address:

City: State: ZIP Code:

BUSINESS AND CREDIT INFORMATION

Primary business address:

City: State: ZIP Code:

Sole proprietorship: Partnership: Corporation: Other:

How long at current address?

Telephone: Fax: E-mail:

Bank name:

Bank address: Phone:

City: State: ZIP Code:

Type of account Account number

Savings

Checking

Other

D&B Number:

Tax Exempt Y / N If Yes, please provide exempt use form attached

BUSINESS/TRADE REFERENCES
(may attach own credit sheet in place of this section)

Company name:

Address:

City: State: ZIP Code:

Phone: Fax: E-mail:

Company name:

Address:

City: State: ZIP Code:

Phone: Fax: E-mail:

Company name:

Address:

City: State: ZIP Code:

Phone: Fax: E-mail: