

BUSINESS CREDIT APPLICATION

Please Complete and Return To:

UniTech Services Group
 P.O. Box 51957
 Springfield, MA 01151
 Fax: (413) 543-6989



Date:			
Company Name:		Branch/Division:	
Street Address:	City:	State:	Zip Code:
Billing Address:	City:	State:	Zip Code:
Phone:	Fax:	E-Mail:	
Nature of Business (products, services, etc.):			
Name of Buyer:		Credit Amount Requested: \$	
Name of Accounts Payable Contact:		Phone:	E-Mail:
Year Business Established:		Is a P.O. # Required?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Partner/Officer Information			
Name:		Title:	Years with business:
Name:		Title:	Years with business:
Name:		Title:	Years with business:
References			
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:	
<p><i>By signing below, you certify that the statements above are true and complete as of the date given below. You agree that the terms by which UniTech Services Group grants credit are that all accounts are due and payable within 30 days from date of invoice unless otherwise stipulated in writing.</i></p>			
Signature:		Date:	
Name (printed):		Title:	