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A Certified Woman Owned Small Business • ITAR • DFAR • ISO 9001:2008 • Cage Code : 4WQ72 • RoHS • BBB A+

CREDIT APPLICATION

Name of Firm _____ Maximum Credit Desired _____
Address _____
Date Established _____ Annual Sales Volume _____ Phone _____
Accounting Contact _____ Tax ID _____ Fax _____

*** First Order Paid in Advance or Credit Card Payment ***

Please note: Your first order must be paid in advance via ACH, wire, or credit card. We accept Visa, MasterCard & American Express for your convenience. ACH & credit card forms can be found on our website. Once we have received your references and reviewed them, we will contact you regarding an open account.

TRADE REFERENCES:

1. Company Name _____
Address _____
Phone _____ Fax _____ Contact _____
2. Company Name _____
Address _____
Phone _____ Fax _____ Contact _____
3. Company Name _____
Address _____
Phone _____ Fax _____ Contact _____

BANK REFERENCE

Bank Name _____
Address _____
Phone _____ Fax _____ Contact _____
Type of Account _____ Account Number _____

Applicant agrees that the extension of credit is subject to the following terms and conditions:

Payment of all invoices due shall be made no later than thirty (30) days from date of shipment. If an account goes over sixty (60) days, all new and current orders will be held from production and/or shipment until any past due amount(s) are cleared and your account is brought to current. If for any reason this account is placed in collection, your company will be responsible for any and all collection and/or legal fees.

The above information is warranted to be true. I agree to pay all invoices per the designated terms, which are Net 30 Days.

This application must be signed by a corporate officer.

Signed _____ Title _____ Date _____