

**INSTRUCTIONS FOR USING THIS FORM:**  
 Print form, fill out ALL sections, sign and fax to WESTport. Authorized signature required.

# CREDIT APPLICATION



Toll-Free: 1-800-876-8587 (M-F 8:30AM-5PM E.S.T.)  
 Fax: 1-631-321-1326 (24 Hrs./Day)

Mail: 510 Montauk Highway  
 W. Islip, NY 11795  
 E-Mail: [cservice@westportcorp.com](mailto:cservice@westportcorp.com)  
 Website: [www.westportcorp.com](http://www.westportcorp.com)

## Company Information

Company Name:		Date:	
Billing Address:			
City/State/Zip			
Contact	Phone No.	Ext.	Fax No.:
Shipping Address:			
Federal ID #:	President:		
Duns ID #:	Parent Duns #:		
Subsidiary or Division:	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other		
No. of Employees:	Business Type:		
Year Established:	SIC Code: (1)		(2)

## Bank Reference

*Please provide full name, address and phone number on all references.*

Bank Name:		Date:	
Address:			
Phone:	Fax No.:		
Contact	Account No.:		

## Trade References

*Please provide full name, address and phone number on all references.*

Company Name:	Phone No.:	Fax No.:
Address:		Contact:
Company Name:	Phone No.:	Fax No.:
Address:		Contact:
Company Name:	Phone No.:	Fax No.:
Address:		Contact:

\_\_\_\_\_  
 AUTHORIZED SIGNATURE

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE