



# PROTOTEK

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## 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. Online payments can be completed on our website. Once we have received your references and reviewed them, we will contact you regarding an open account.

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#### 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 \_\_\_\_\_

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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 \_\_\_\_\_