

Long Island Transmission

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CREDIT APPLICATION

NAME OF COMPANY _____ PHONE () _____ FAX () _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TYPE OF BUSINESS _____ D & B RATING _____

BANK REFERENCE _____ PHONE () _____ FAX () _____

ACCOUNT # _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PERSON TO CONTACT _____ TITLE _____

(1) BUSINESS REFERENCE _____ PHONE () _____ FAX () _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PERSON TO CONTACT _____ TITLE _____

(2) BUSINESS REFERENCE _____ PHONE () _____ FAX () _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PERSON TO CONTACT _____ TITLE _____

(3) BUSINESS REFERENCE _____ PHONE () _____ FAX () _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PERSON TO CONTACT _____ TITLE _____

SIGNED _____ TITLE _____ DATE _____

PERSON TO CONTACT WHEN ACCOUNT IS OPENED _____ TITLE _____

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