



125 SHERWOOD AVENUE • FARMINGDALE, NY 11735  
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Fax: 631-501-1453 | [www.nortechlabs.com](http://www.nortechlabs.com)

**CREDIT APPLICATION**

Note: All sections of this form must be completed.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Company Information**

Company Name \_\_\_\_\_  
Company Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Type of Business \_\_\_\_\_  
Years in Business \_\_\_\_\_ Number of Employees \_\_\_\_\_  
Annual Sales Volume \_\_\_\_\_ Fed I.D. # \_\_\_\_\_

**(Check One)** \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship  
Parent Company Name (if any) \_\_\_\_\_  
Company Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Trade References (Please list two Vendors)**

Bank Name \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Bank Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Account Office or Contact \_\_\_\_\_  
Account Number \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Vendor's Name \_\_\_\_\_  
Vendor's Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Vendor's Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Contact Name \_\_\_\_\_  
Fax Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Vendor's Name \_\_\_\_\_  
Vendor's Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Vendor's Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Contact Name \_\_\_\_\_  
Fax Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Authorization for release of information**

Signed \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please fax back to (631) 501-1453 or email to [info@nortechlabs.com](mailto:info@nortechlabs.com)