

**Washington**  
**Supply Company**  
&  
**Outdoor Living Center**

2 Calhoun Street • P. O. Box 384 • Washington Depot, CT 06794

Phone : (860) 868—7395 Fax: (860) 868—2163 Email: info@washingtonsupply.com

www.washingtonsupply.com

**Company Information**

Credit Line Requested: \_\_\_\_\_

Business Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Street Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Tax ID # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Business Type:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  Corporation  Sole Proprietorship

Business Phone: \_\_\_\_\_ Accounting Phone: \_\_\_\_\_  Partnership/LLC  Other Explain:

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_ Would you like e-statements?

How long in business? \_\_\_\_\_ Are you claiming tax exempt? Y/N (Please attach appropriate paperwork if Y)

**List of Owners/Officers/Partners (Please use an additional page, if required)**

Name: \_\_\_\_\_ Home Address \_\_\_\_\_ SSN# \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Home Address \_\_\_\_\_ SSN# \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Home Address \_\_\_\_\_ SSN# \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

**Banking Information**

Checking Account Number: \_\_\_\_\_ Bank and Branch: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Persons authorized to charge on this account. You are required to contact us with any changes.**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

**Credit References**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone # \_\_\_\_\_

