

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
 Website: 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