



One Contractor. Many Solutions.

New Account Credit Application

Customer Name: _____ Contact: _____
 Street: _____ Phone #: _____
 P.O. Box: _____ E-Mail: _____
 City, State, Zip Code: _____ P.O. Required: Y / N
 Federal ID #: _____ Tax Exempt: Y / N (Enclose Certificate)
 DUNS #: _____ Individual, Partnership or Corporation: _____
 Type of Business: _____ Years in Business: _____
 Officers Name: _____ Title: _____
 Officers Name: _____ Title: _____

Bank Reference: _____ Checking Account #: _____
 Contact: _____ Phone #: _____
 City, State, Zip Code: _____ Fax #: _____

Trade Reference #1: _____ Phone #: _____
 Contact: _____ Fax #: _____
 Address: _____ E-Mail: _____

Trade Reference #2: _____ Phone #: _____
 Contact: _____ Fax #: _____
 Address: _____ E-Mail: _____

Trade Reference #3: _____ Phone #: _____
 Contact: _____ Fax #: _____
 Address: _____ E-Mail: _____

I certify that all above information is accurate to the best of my knowledge and is being provided in an effort to induce AWT to extend credit terms for upcoming and/or future work. I understand that AWT is relying on this information for that purpose.

Signature: _____ Title: _____
 Printed Name: _____ Date: _____

OFFICE USE ONLY:	Credit Limit: _____	Date: _____	CC: Theresa
Approved: _____	Requested By: _____	Project Value: _____	Set up File
Sales Rep: _____	Terms: _____	Enter Access: _____	

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