



Corporation Name: _____

Physical Address: _____

Billing Address: _____

Phone: _____ Fax: _____

Corporation _____ Proprietor _____ Partnership _____

Date Established: _____ No. Of Employees _____

Officer / Owner _____ Title _____

Business Activity: _____

Accts Payable Contact: _____

Phone: _____ Email: _____

Fed ID # _____

Bank: _____ City: _____

State: _____ Phone: _____ Account # _____

Credit References

Please provide four trade references that have extended credit to your company in the last six months.

1. Company: _____ Phone: _____ Fax: _____

Contact: _____ Email: _____

2. Company: _____ Phone: _____ Fax: _____

Contact: _____ Email: _____

3. Company: _____ Phone: _____ Fax: _____

Contact: _____ Email: _____

4. Company: _____ Phone: _____ Fax: _____

Contact: _____ Email: _____

Please fill out and return via:

Mail: Adirondack Networks, 9 Lee Street, Utica, NY 13502

Fax: 315-732-1502 Email: billing@adirondacknetworks.com