GROTON UTILITIES

Business / Trade Credit References

All information in this form is confidential, and will be used only for the purpose of credit evaluation.

_____ has provided you as a business credit reference. Please provide the following information below.

Company Name: _____**Address**: _____

City: _____ **State**: _____ **Zip**: _____

Customer Since: _____ Terms of sale: _____

Date of last sale / Invoice: _____ Average order/ Statement: $_____

Customer pays: ☐ Prompt Average days: _____ to pay
☐ Slow Average days: _____ to pay

Current Balance: $_____ Highest Balance in the last 12 months: $_____

Past due: Yes or No

If Yes 31-60 days: $_____61-90 days: $ _____ 91-120 days: $_____ Over 120 days: _____

History of billing disputes: ☐ Yes No ☐ If Yes, Explanation? _____

History of returned checks: ☐ Yes No ☐

Recent change in credit history? ☐ Yes No ☐ If Yes, Explanation? _____

Overall payment history: ☐ Excellent ☐ Good ☐ Average ☐ Poor

Feel free to contact us with any questions in regards:
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Fax Number: 860-446-0183
Mailing Address:Groton Utilities, 295 Meridian Street, Groton, CT 06340