



3 Locust Street
 Assonet MA 02702
 508-644-1299

CREDIT APPLICATION

Please fax to: 1-508-644-1571

BILLING/SHIPPING INFORMATION

Official Company Name: _____

Bill to Address:

Ship to Address: (if different)

Main Phone: _____ Main Fax: _____ A/P Fax: _____

BUSINESS INFORMATION

Check One: () Corporation () Partnership () Proprietorship () Subsidiary of or () Division of _____

Years in Operation: _____ Type of Business: _____

No. of Employees _____ FID#: _____

Sales Per Year _____

President/CEO: _____ Treasurer/Controller: _____

VP/Finance: _____ A/P Manager: _____

Name(s) of persons authorized to act on your behalf: _____

Have you or any of your affiliates ever had credit with us or purchased from us in the past?

Yes ___ No ___ If yes, under what name? _____

BANK INFORMATION

Bank: _____ Contact Name: _____

Account No. _____ Phone: _____

Complete Address: _____

TRADE REFERENCES – (Suppliers)

Reference 1: _____ Contact: _____
 Phone No.: _____ Fax No.: _____

Reference 2: _____ Contact: _____
 Phone No.: _____ Fax No.: _____

Reference 3: _____ Contact: _____
 Phone No.: _____ Fax No.: _____

CUSTOMER'S AUTHORIZATION TO RELEASE BANK AND TRADE INFORMATION

Attention Bank and Trade References: Please provide information on all accounts listed as well as any loan information. You will be serving our interest best if you provide this information over the phone. Thank you.

I/We hereby authorize you to whom this application is made, or your agents, to investigate my/our credit worthiness and will provide financial statements, tax returns etc., as you deem necessary.

Prepared by (signature) _____ Title _____ Date _____

Please provide us with copies of all tax exemption certificates