



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