



17 Lincoln St. – Malden, MA
Telephone 781-321-7777
Fax 781-322-6299

Confidential
Application for Credit

All information must be complete, or it may delay order processing and credit approval

COMPANY NAME: _____
BILLING ADDRESS/P.O. BOX _____
CITY _____ STATE _____ ZIP CODE _____
SHIPPING ADDRESS (STREET) _____
CITY _____ STATE _____ ZIP CODE _____
TELEPHONE () _____ FAX# () _____
FEDERAL ID# _____ EXEMPT# (If One) _____
() Proprietorship () Partnership () Corporation, Date of Inc: _____ State _____
Principal(s) and Titles: _____

Name of Person Supervising Accounts Payable: _____
Years in Business: _____
Branch Office and Locations: _____

BANK REFERENCES:

Name and Complete Address:	Account #	Telephone#
1. _____	_____	_____
2. _____	_____	_____

TRADE REFRENCES: (Must include at least (4) references)

Name and Complete Address:	Telephone and Fax #'s
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

****Note:**** All accounts payable within invoice terms. In event of default of payment when due, all costs of collection, including attorney's fees and court costs, shall be paid by applicant.

APPLICATION MUST BE SIGNED BY OWNER OR PRESIDENT

Signature _____ Title _____ Date _____

If enclosures are not as noted, kindly notify us at once.