



353 Cambridge Street, Winchester, MA 01890 * 781-729-9700 * Fax 781-721-6739

Corporate Credit Application

This information is strictly confidential and is for our records only.

Business Name:		
Billing Address:		
Shipping Address:		
Main Phone:	Fax Phone:	Website:

Payables Contact:		
Name:	Phone:	Email:

Business Product and/or Services:	
Years in Business:	Credit line requested: \$
Type of business: <input type="radio"/> Individual <input type="radio"/> Partnership <input type="radio"/> Corporation (State of Incorporation: _____)	
Sales Tax Exempt: <input type="radio"/> No <input type="radio"/> Yes (If Yes, attach resale certificate copy)	

Bank Name and Address:	
Account Officer and Phone:	
Account Number:	

Trade References: (Name, address, phone)	
1.	
2.	
3.	

Terms: Net 30 days from invoice or 10th of month following receipt of statement. 1.5% interest (18% per annum) charged on all past due accounts. Accounts over 60 days past due revert to C.O.D.

I/We agree to pay all amounts due:

Signed:

Print Name, Title, Date