



11 Presidential Way  
Woburn, MA 01801  
781.994.5000 / fax 781.994.5001

### CREDIT APPLICATION

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST\*: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

\* If located in MA, please include signed ST-12 form

TYPE OF BUSINESS: Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

YEARS IN BUSINESS: \_\_\_\_\_ YEARS AT PRESENT ADDRESS: \_\_\_\_\_

NAME OF PRINCIPAL BANK: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

#### NAMES AND ADDRESSES OF FOUR (4) PRINCIPAL SUPPLIERS:

1 NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY STATE ZIP

PHONE FAX

3 NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY STATE ZIP

PHONE FAX

2 NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY STATE ZIP

PHONE FAX

4 NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY STATE ZIP

PHONE FAX

SIGNATURE & TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

Please fax completed form to: 781.994.5001