



11 Presidential Way
Woburn, MA 01801
781.994.5000 / fax 781.994.5001

CREDIT APPLICATION

COMPANY: _____

ADDRESS: _____

CITY: _____ ST*: _____ ZIP: _____

PHONE: _____ FAX: _____

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 ST ZIP

PHONE FAX

2

NAME

ADDRESS

CITY ST ZIP

PHONE FAX

3

NAME

ADDRESS

CITY ST ZIP

PHONE FAX

4

NAME

ADDRESS

CITY ST ZIP

PHONE FAX

NAME: _____

SIGNATURE: _____

TITLE: _____

DATE: _____

Please fax completed form to: 781.994.5001

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