



11 Presidential Way
Woburn, MA 01801
781.994.5000 / fax 781.994.5001

CREDIT APPLICATION

FIRM NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

TYPE OF BUSINESS: Individual _____ Partnership _____ Corporation _____

****PLEASE ATTACH A COPY OF YOUR STATE TAX EXEMPT FORM****

NAME OF OWNER(S) OFFICERS: _____

ACCOUNT PAYABLE CONTACT NAME: _____ E-MAIL: _____

YOUR INVOICES WILL BE SENT TO YOU VIA EMAIL IN OUR EFFORTS TO GO GREEN UNLESS YOU NOTIFY US TO SEND THEM VIA MAIL

YEARS AT PRESENT ADDRESS: _____ YEARS IN BUSINESS: _____

NAME AND ADDRESS PRINCIPAL BANK: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NAMES AND ADDRESSES OF FOUR (4) PRINCIPAL SUPPLIERS

1 NAME _____

3 NAME _____

ADDRESS _____

ADDRESS _____

CITY STATE ZIP

CITY STATE ZIP

TELEPHONE FAX

TELEPHONE FAX

2 NAME _____

4 NAME _____

ADDRESS _____

ADDRESS _____

CITY STATE ZIP

CITY STATE ZIP

TELEPHONE FAX

TELEPHONE FAX

SIGNATURE & TITLE: _____ DATE: _____