

CREDIT APPLICATION



68 Vine Street
Everett, MA 02149
(617) 394-0302 • Fax (617) 394-0106

COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

MANAGER OR CONTACT _____ TELEPHONE _____ FAX _____
Responsible for payment

NAME(S) OF OWNERS:

_____ S.S. # _____

_____ S.S. # _____

_____ S.S. # _____

INDIVIDUAL PARTNERSHIP CORPORATION

NAME OF BANK _____

ADDRESS OR LOCATION _____

TELEPHONE _____ EXT. _____

BANK ACCT. # _____ CHECKING SAVINGS

CREDIT AMOUNT DESIRED _____

LIST 3 BUSINESS REFERENCES:

_____ PHONE _____

_____ PHONE _____

_____ PHONE _____

FOR AH USE ONLY	AH AUTHORIZATION	
	<input type="checkbox"/> E.O.M. Net 10	<input type="checkbox"/> CREDIT DENIED C.O.D. only
	A service charge of 1½% interest per month will be added to the unpaid balance.	
	AUTHORIZED BY: _____	DATE _____

PLEASE READ CAREFULLY!

I fully understand the terms and conditions of this agreement. I agree to pay the full balance due at the end of the term designated above. If the balance is paid after the term designated above, I understand that a service charge of 1½% interest per month will be added to the total balance due and account will be put on a credit hold.

_____ DATE _____
Responsible for payment