



New Hampshire Office

260 Daniel Webster Highway
PO Box 865
Merrimack, NH 03054
603-424-7001
800-715-7001
603-424-3541 Fax

Maine Office

5 Delta Drive
PO Box 365
Westbrook, ME 04092
207-857-9000
888-670-7001
207-857-9064 Fax

Massachusetts Office

72 Sumner Street
Milford, MA 01757
508-473-6905
866-897-9800
508-473-3067 Fax

Connecticut Office

56 Willow Brook Drive
Berlin, CT 06032

860-828-5144
Fax
860-828-5199

CREDIT APPLICATION

REFERRED BY _____ DATE _____

COMPANY NAME _____ PHONE# _____

ADDRESS _____ FAX# _____

CITY _____ STATE _____ ZIP CODE _____ CELL# _____

PROPRIETORSHIP _____ PARTNERSHIP _____ CORPORATION (PROVIDE FID#) _____ OTHER _____

OWNER, PARTNER OR PRINCIPAL OFFICER _____ SOC SEC # _____

ADDRESS _____ HOME PHONE# _____

OWNER, PARTNER OR PRINCIPAL OFFICER _____ SOC SEC# _____

ADDRESS _____ HOME PHONE# _____

ACCOUNTS PAYABLE CONTACT _____ PHONE# _____

PURCHASING CONTACT _____ PO# REQUIRED (Y/N) _____

TYPE OF BUSINESS _____ YEAR ESTABLISHED _____

APPROXIMATE CREDIT REQUESTED \$ _____ HAS THIS COMPANY EVER FILED FOR BANKRUPTCY (Y/N) _____

BANK REFERENCE:

BANK NAME _____ PHONE# _____

ADDRESS _____

CHECKING ACCOUNT# _____ STREET _____ CITY _____ STATE _____ ZIP _____
LOAN OFFICER _____

MATERIAL SUPPLIER REFERENCES (NO CREDIT CARD OR UTILITY ACCOUNTS):

NAME _____ PHONE# _____ FAX# _____

ADDRESS _____

STREET _____ CITY _____ STATE _____ ZIP _____

NAME _____ PHONE# _____ FAX# _____

ADDRESS _____

STREET _____ CITY _____ STATE _____ ZIP _____

NAME _____ PHONE# _____ FAX# _____

ADDRESS _____

STREET _____ CITY _____ STATE _____ ZIP _____

SIGNED _____

PRINTED NAME & TITLE _____

PAYMENT TERMS:

1% 10th of the following month. Finance charges of 1-1/2% per month will accrue for all outstanding invoices over 30 days. In the event of a payment default, I agree to pay a liquidated attorney fee equal to 15% of the unpaid balance plus additional fees that may be assessed by the court.

CONDITIONS:

No returns will be accepted unless authorized by our office. Our original invoice must accompany all requests for returns. All returns are subject to a 25% restocking charge.

This is to certify that I am a principal in the above business and I do personally guarantee this account. I have read and do agree to the terms and conditions. A fax copy will be considered a legally-binding document.

SIGNED _____

PRINTED NAME _____

