



226 High St., Randolph, MA
02368
Phone: 781-986-3905
Fax: 781-986-3906



Credit Application - please complete and return to Fax (800) 393-1782

LEGAL BUSINESS NAME: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Equipment Location: (If different from above) _____

Proprietorship: _____

Years in Business: _____

Partnership: _____

Federal I.D. Number: _____

Corporation: _____

Type of Business: _____

PRINCIPAL/OWNER NAME: _____ Title: _____

Home Address: _____ SS# _____

City: _____ State: _____ Zip: _____

PRINCIPAL/OWNER NAME: _____ Title: _____

Home Address: _____ SS# _____

City: _____ State: _____ Zip: _____

EQUIPMENT: _____

Price: \$ _____ Term: _____ months

SUPPLIER NAME: _____ Phone: (____) _____

Address: _____ Salesman: _____

City: _____ State: _____ Zip: _____

BUSINESS REFERENCES:

Bank Name: _____ Phone: (____) _____

Account Number: _____ Bank Contact: _____

Type Account: _____ Opening Date: _____ Average Balance: _____

Bank Name: _____ Phone: (____) _____

Account Number: _____ Bank Contact: _____

Type Account: _____ Opening Date: _____ Average Balance: _____

Business Trade References (Please provide 3)

Name: _____ Phone: (____) _____ Contact/Acct. #: _____

Name: _____ Phone: (____) _____ Contact/Acct. #: _____

Name: _____ Phone: (____) _____ Contact/Acct. #: _____

By signing below, the undersigned certifies that the above information given for purposes is true and correct. The undersigned authorizes the firm or person to whom this application is made and/or its assigns or any credit bureau or investigative agency to investigate the references, including bank, statements or other data listed or accompanying this application. The undersigned authorizes all parties contacted to release information requested as a part of said investigation. A fax or photocopy of this authorization shall be valid as the original.

X

Authorized signature

Title

Date