

WATERTOWN SUPPLY

33 Grove Street Watertown, MA 02472 Toll Free: 1-800-323-3233
Attn: Sales Department

CREDIT APPLICATION

Date _____
Company _____ Referred by _____
Street Address _____ Phone Number _____
City, State, Zip _____ FAX Number _____
Type of Business _____ Number of Years in Business _____
How Owned (Corporation, etc.) _____ Owned by Whom _____

Executive Officer and Financial Officer

Title	Name	Address	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____

Sales Tax Applicable? Yes _____ No _____ If not, please attach a tax certification to this application.

Credit Limit Requested _____ Have you ever filed bankruptcy _____

Bank Reference: Branch	Loan Officer	Account #	Phone Number
_____	_____	_____	_____

Persons authorized to sign for and charge supplies _____

Provide three references (other than a bank):

Name	Address	Phone Number and Fax number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Purchase Orders Will _____ Will Not _____ be furnished

The above information is for the purpose of obtaining credit and is warranted to be true. I/we authorize Watertown Supply to investigate the references listed pertaining to my/our credit responsibility.

Signature _____ Title _____ Date _____

Name of payment contact _____ Phone number _____

TERMS: NET 30 DAYS. Statements will be issued on the 1st of each month. All accounts are to be cleared by the end of the same month. Delinquent accounts will be charged interest at the rate of 1½% per month.

In consideration of the sale of merchandise and the granting of credit by Waterown Supply to the person(s) or company to whom the credit is extended prusuant to the above application for credit, the undersigned unconditionally, jointly and severally, guarentee(s) payment for all purchases made by said persons or company.

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

How would you like your Invoices/Statements delivered? US Mail _____ FAX _____ Email _____