



10 Kidder Road, Unit 4, Chelmsford, MA 01824  
Phone 978-455-0672 · Fax 978-455-0684

## Application for Credit

(Please complete and return with the full name of all references)

**TO:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For the purpose of obtaining merchandise on credit, the following statement in writing is made, intending that you should rely on same as correct.

FIRM NAME: \_\_\_\_\_ Tax ID \_\_\_\_\_

Name of Parent Company, if Subsidiary: \_\_\_\_\_

Proprietor or Partners Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Accounts Payable Name: \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Description of Business:  
\_\_\_\_\_  
\_\_\_\_\_

At Present Location since (Date) \_\_\_\_\_ Year Established: \_\_\_\_\_

Is Business Incorporated? \_\_\_\_\_ If so, under laws of what state: \_\_\_\_\_

**REFERENCES:** (Give only the names of those you buy from on open account)

Name: _____ Phone _____ Fax _____
Address: _____

Name: _____ Phone: _____ Fax _____
Address: _____

Name: _____ Phone: _____ Fax _____
Address: _____

Name of Bank: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name or Bank Contact: \_\_\_\_\_

Please return with form W-9 "Request for Taxpayer identification Number and Certification"

If you are a Reseller or Tax Exempt, please forward your Reseller Certificate or Tax Exempt Certificate.

## **GUARANTORS**

Signature of Applicant \_\_\_\_\_

Signature of Assembly Products Representative \_\_\_\_\_

**SIGNATURE OF THIS APPLICATION IMPLIES THAT THE APPLICANT HAS READ AND AGREES TO THE TERMS OF SALE ON THE SECOND PAGE OF THIS E-MAIL**

## **Terms of Sale**

Terms are NET 30. Past due accounts may be reported to Credit Agencies. If accounts remain unpaid after the billing date due date, the buyer agrees to pay late charges of 1 ½% per month (18% annually).

If it becomes necessary to forward to collection, I / we agree to pay all cost of collection including reasonable court cost and attorney fees. Merchandise returned for credit for reasons other than material defect will be subject to a 15% handling charge. Prior written approval is required.

**Signature of Applicant** \_\_\_\_\_