

# 900 INDUSTRIES, INC.

16 DEBORAH DRIVE, SUTTON, MA 01590

PHONE: 800-225-7288 FAX: 508-865-7336

## APPLICATION FOR CREDIT

COMPANY: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

SHIP TO ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

WOULD YOU LIKE INVOICES EMAILED? YES NO

TAX EXEMPT # \_\_\_\_\_ (ENCLOSE COPY) CREDIT LINE REQUESTED \_\_\_\_\_  
# OF YEARS IN BUSINESS \_\_\_\_\_ INDIVIDUAL, PARTNERSHIP OR CORPORATION? CIRCLE ONE  
NAME (5) OF OFFICERS, PARTNERS OR OWNERS:

### TRADE REFERENCES:

(1) NAME: \_\_\_\_\_

(3) NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FAX: \_\_\_\_\_

FAX: \_\_\_\_\_

(2) NAME: \_\_\_\_\_

(4) NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FAX: \_\_\_\_\_

FAX: \_\_\_\_\_

I/WE THE UNDERSIGNED, REQUEST 900 INDUSTRIES, INC. TO SELL AND DELIVER PRODUCTS TO THE CUSTOMER AS STATED ABOVE, AND FURTHER CERTIFY THAT THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE & CORRECT. I/WE AGREE THAT

- 1) ALL INVOICES WILL BE PAID ACCORDING TO YOUR STATED TERMS AS INVOICED,
- 2) IN THE EVENT THAT THERE IS A DELINQUENCY IN PAYMENT, I/WE WILL PAY A LATE PAYMENT OF 1 % PER MONTH ON ALL INVOICES OVER 30 DAYS PAST DUE,
- 3) **IN THE EVENT OF DEFAULT, I PERSONALLY GUARANTEE TO PAY ALL INVOICES, COLLECTION COSTS AND ATTORNEY'S FEES,**
- 4) I/WE WILL NOTIFY YOU IMMEDIATELY OF ANY CHANGE OF OWNERSHIP OR OPERATIONS, I/WE FURTHER DECLARE THAT I/WE HAVE THE AUTHORITY TO APPLY FOR CREDIT ON BEHALF OF THE HEREIN NAMED BUSINESS OR INDIVIDUALS AND HEREBY AUTHORIZE YOU TO MAKE INQUIRIES AND INVESTIGATE AS NECESSARY FOR CREDIT PURPOSES.

\*\*\*\* AN OFFICER, PARTNER OR OWNER MUST SIGN THIS FORM \*\*\*\*

PRINT NAME

SIGNATURE

TITLE

DATE

\*\*\*\* THIS FORM MUST BE SIGNED INDIVIDUALLY\*\*\*\*

PRINT NAME

SIGNATURE

DATE

\* Please mail original