

Corporate Application for credit with



Canton, MA 02021

Phone: 781-828-8500 Fax: 781-821-8895

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Date Business Started \_\_\_\_\_ Incorporated Under Laws of the State of \_\_\_\_\_

Type of Business:  PLBG  HTG  REFRIG  A/C Other \_\_\_\_\_

**OFFICERS:** Name, Home Address And Phone:

**President**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_

**Treasurer**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_

**Clerk**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_

**Other**

List other officers, if any, and addresses/phone:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CREDIT REFERENCES:**

Name of Bank \_\_\_\_\_ Address, City \_\_\_\_\_ Account # \_\_\_\_\_ In Whose Name \_\_\_\_\_

Name of Bank \_\_\_\_\_ Address, City \_\_\_\_\_ Account # \_\_\_\_\_ In Whose Name \_\_\_\_\_

Name of Bank \_\_\_\_\_ Address, City \_\_\_\_\_ Account # \_\_\_\_\_ In Whose Name \_\_\_\_\_

**TRADE REFERENCES:**

Company Name & Address \_\_\_\_\_ Tel. Number \_\_\_\_\_

Company Name & Address \_\_\_\_\_ Tel. Number \_\_\_\_\_

Company Name & Address \_\_\_\_\_ Tel. Number \_\_\_\_\_

Company Name & Address \_\_\_\_\_ Tel. Number \_\_\_\_\_

**OTHER CREDIT REFERENCES:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Check One:**  Sales Tax  No Sales Tax (Attach completed exemption certificate)  If purchase orders are required

I/We authorized the person or firm to whom this application is made to investigate the references listed pertaining to my/our credit responsibility. Furthermore, I agree to the terms of sale and returns policy of your company and all reasonable costs, collection fees, attorney's fees and expenses incurred by me in the event of failure of applicant to pay all obligations and indebtedness when due.

(Our terms include 1½% Service Charge per month (18% per annum) on the unpaid balance after 30 days of the Statement date.

\_\_\_\_\_  
President

\_\_\_\_\_  
Treasurer

\_\_\_\_\_  
Clerk

Date:

**PERSONAL GUARANTY**

Company Name:

Street Address:

City, State, Zip:

In consideration of the extending of credit to the above company at my request, I hereby guarantee to Independent Pipe & Supply Corp. the prompt payment, when due, of every claim and debt of the above company to Independent Pipe & Supply Corp. This guarantee is given by the undersigned in order to induce Independent Pipe & Supply Corp. to extend credit to the above named company.

I hereby agree to bind myself to pay Independent Pipe & Supply Corp. on demand any sum which may be or become due to Independent Pipe & Supply Corp. by the company whenever the company shall fail to pay the same.

At its election and in its sole discretion, Independent Pipe & Supply Corp. may demand and collect payment of overdue amounts, costs and Attorney's fees on the above account from either the above company or the undersigned individually. It is agreed suit may be brought in the Commonwealth of Massachusetts.

This individual Guaranty is continuing and may only be revoked prospectively. Any such revocation to be effective must be signed and in writing.

NOTICE: All notices and agreements shall be in writing and the parties can use the U.S. mails, any delivery service which obtains and will furnish a signature evidencing delivery to the addressee or a Fax transmission which provides sender with a record of such transmission being received.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City, State, Zip

**FOR OFFICE USE ONLY**

SLSM \_\_\_\_\_ TERMS CODE \_\_\_\_\_ PRICE CLASS \_\_\_\_\_

BRANCH \_\_\_\_\_ CR LIM \_\_\_\_\_ STMT CODE \_\_\_\_\_

TAX CODE \_\_\_\_\_ CR CODE \_\_\_\_\_ APPROVED BY \_\_\_\_\_

EXEMPT NO. \_\_\_\_\_ CR RATING \_\_\_\_\_ DATE \_\_\_\_\_