

BOSTON WELDING & DESIGN, INC.

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E-mail: mainoffice@bostonwelding.com

CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Title:

Company name:

Phone:

Fax:

E-mail:

Billing Address:

City:

State:

ZIP Code:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

TAX ID NO.:

FEDERAL ID NO.:

DUN & BRADSTREET NO.:

**** IMPORTANT ** PLEASE ENCLOSE A COPY OF YOUR TAX EMPT CERTIFICATE (IF APPLICABLE)**

Primary business address:

City:

State:

ZIP Code:

DO YOU REQUIRE PURCHASE ORDERS?

ACCOUNTS PAYABLE CONTACT:

Telephone:

Fax:

E-mail:

PLEASE PROVIDE BANK REFERENCE

Bank name:

Contact name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account

Account number

Savings

Checking

Other

BUSINESS/TRADE REFERENCES PLEASE PROVIDE (3) THREE

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

AGREEMENT

1. Our Terms are Net 30 Days. (1½% Service Charge on all accounts over 30 days)
2. By submitting this application, you authorize Boston Welding & Design, Inc. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:
Date:

Title:
Date: