

Account number:
Credit line:



# CREDIT APPLICATION

PLEASE PRINT

BUSINESS NAME									
ADDRESS				CITY		STATE		ZIP CODE	
PHONE NUMBER					FAX NUMBER				
FEDERAL ID or SOCIAL SECURITY NUMBER					TAX EXEMPT NUMBER				
CORPORATION		PARTNERSHIP		PROPRIETORSHIP		INCORPORATED:		YEAR	STATE

OWNERS, OFFICERS OR PARTNERS	ADDRESS	TELEPHONE

**TRADE REFERENCES**

NAME	ADDRESS	PHONE	FAX

**BANK INFORMATION**

NAME	ADDRESS	PHONE	FAX

<b>CREDIT REQUESTED:</b>
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The above information is for the purpose of obtaining credit and is warranted to be true. I/we authorize the persons of the firm to whom this application is made to investigate the references listed pertaining to our credit worthiness. I/we agree to the terms of sale and returns policy of Seekonk Supply Inc. I/we hereby guarantee the full and prompt payment of any indebtedness of applicant, including service charges on open balances at 1.5% per month, costs of collection including attorneys' fees in an amount equal to 35% of all open balances and all other related costs and expenses of collection, which amount I/we deem reasonable. Upon any amount becoming past due, Seekonk Supply Inc. may seek payment of same from the undersigned, his/her heirs, administrators, and representatives without prior notice or demand, and without proceeding against applicant first. Applicant's signature attests financial responsibility and willingness to pay our invoices in accordance with the terms stated herein.

**PRINT NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_