

HOLT & BUGBEE COMPANY

P.O.BOX 37
1600 SHAWSHEEN ST
TEWKSBURY, MA. 01887
TEL: 978-851-7201 or 800-325-6010
FAX: 978-851-3941

CREDIT APPLICATION

DATE: _____
ARE YOU INCORPORATED? () YES () NO CREDIT AMOUNT DESIRED ? _____
IS COD DESIRED? YES ()

COMPANY NAME _____ TEL# _____
TRADE NAME (D/B/A) _____ FAX# _____
INDIVIDUALS NAME _____

BILLING ADDRESS: _____ SHIPPING ADDRESS: _____

PRINCIPAL OWNER(S) _____

IF YOU ARE A SUBSIDIARY, LIST PARENT COMPANY _____
LINE OF BUSINESS _____

NAME OF BANK _____ CONTACT _____ ACCT# _____
ADDRESS _____
TEL# _____ FAX# _____

I HEREBY GIVE PERMISSION TO THE ABOVE NAMED BANK TO RELEASE INFORMATION :

BANK AUTHORIZATION SIGNATURE _____

BUSINESS REFERENCES

1) _____ 2) _____

TEL# _____ FAX# _____ TEL# _____ FAX# _____
LINE OF BUSINESS _____ LINE OF BUSINESS _____

3) _____ 4) _____

TEL# _____ FAX# _____ TEL# _____ FAX# _____
LINE OF BUSINESS _____ LINE OF BUSINESS _____

In consideration of the extension of credit to the above named business entity, the undersigned principals jointly, severally, and personally guarantee payment of the open account extended to the above named business for all purchases up to and including the credit extended; plus any collection costs and attorney fees incurred with regard to default account.

PRINCIPALS OF CORP. SEEKING CREDIT _____