

# 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

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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 \_\_\_\_\_

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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** \_\_\_\_\_