

CREDIT APPLICATION



*Your One and Only Source
for Window Fashions.*

DATE: _____

Please print;

Firm Name: _____

Business address _____ City _____

State _____ Zip code _____ Business Phone (____) _____

Shipping address _____

City _____ State _____ Zip code _____

Corporation Partnership Sole Proprietor

Name of Owners, Partners or Officers	Address & Phone #
_____	_____
_____	_____
_____	_____

Trade References:

Name _____	Address _____
Acct # _____	Contact _____ Phone(____) _____
Name _____	Address _____
Acct # _____	Contact _____ Phone(____) _____
Name _____	Address _____
Acct # _____	Contact _____ Phone(____) _____

Bank References:

_____	Acct. # _____
_____	Acct. # _____

Real Estate Owned: _____ Persons authorized to purchase on credit: _____

MAIN OFFICE:
264 MORSE STREET
HAMDEN, CT 06517
(203) 777-7668
FAX (203) 777-4515

BRANCH OFFICE:
50 TEED DRIVE
RANDOLPH, MA 02368
(781) 963-7307
FAX (781) 986-5193

PLEASE COMPLETE BACK OF FORM

TERMS: Payment on receipt of statement.

In the event that payment is not made within 30 days from date of Invoice it is agreed that an interest charge of 1 1/2% per month shall be charged upon the unpaid balance.

It is further agreed that in the event this account is turned over for collection, we will pay all costs of collection, including reasonable attorneys' fees

Name of Company

Signed by _____

Its _____, Duly Authorized
Title

In order to induce the extension of credit in accordance with the above application I hereby guaranty prompt payment of all obligations and indebtedness due from _____ (Customer) to Mill Supply Div with all expenses of collection and attorneys' fees incurred by reason of default of customer

SIGNATURE Name: _____
Address _____
