



65 Vineyard Road, Seekonk MA 02771 | Phone: (508) 399-6050 | Fax: (508) 399-6180

Credit Application for a Business Account

BUSINESS CONTACT INFORMATION

Company Name		Date business commenced:
Officer Name & Title		Type of Business:
Phone		<input type="checkbox"/> Sole Proprietorship
Fax		<input type="checkbox"/> Partnership
E-mail		<input type="checkbox"/> Corporation
Registered Company Address (City, State, Zip Code)		<input type="checkbox"/> Other: _____
Registered Company Address (City, State, Zip Code)		How long at current address?
A/P invoice option	<input type="checkbox"/> Mail <input type="checkbox"/> Fax: _____ <input type="checkbox"/> E-mail: _____	

CREDIT INFORMATION

Bank name	Phone
Primary Branch Address (City, State, Zip Code)	Account Number
Type of Account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other: _____

BUSINESS/TRADE REFERENCES – 3 REFERENCES REQUIRED

Company Name	Phone
Address (City, State, Zip Code)	Fax
	E-mail
Fax or Email required for all references	
Company Name	Phone
Address (City, State, Zip Code)	Fax
	E-mail
Fax or Email required for all references	
Company Name	Phone
Address (City, State, Zip Code)	Fax
	E-mail
Fax or Email required for all references	

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within 7 business days.
3. By submitting this application, you authorize Tri-State Fasteners Inc. to make inquiries into the banking and business/trade references that you have supplied.

Signature	Signature
Name and Title	Name and Title
Date	Date

Please Fill out all boxes. If a box does not apply to your company, please write N/A