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**CONFIDENTIAL CREDIT APPLICATION**

Date: \_\_\_\_\_

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**BUSINESS DATA:**

Name: \_\_\_\_\_ Trade Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Accounts Payable Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Web Site: \_\_\_\_\_

Type of Business: \_\_\_\_\_ In Business Since: \_\_\_\_\_

Anticipated Monthly Purchase Amount: \_\_\_\_\_

If Branch or Division, location of Home Office: \_\_\_\_\_

Date Business Began: \_\_\_\_\_ FED ID/Soc Sec #: \_\_\_\_\_

Legal Structure: Corp \_\_\_\_\_ Partnership \_\_\_\_\_ LLC \_\_\_\_\_ LLP \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Non-Profit \_\_\_\_\_

Dunn & Bradstreet Number: \_\_\_\_\_

**BUILDING:**

Owned? \_\_\_\_\_ Leased? \_\_\_\_\_ Name of Landlord/Mortgagee: \_\_\_\_\_

**PRINCIPAL CORPORATE OFFICERS, PARTNERS OR PROPRIETORS:**

Name Home Address City State Home Phone % Ownership

\_\_\_\_\_  
\_\_\_\_\_

**ARE PURCHASE ORDERS REQUIRED?** YES \_\_\_\_\_ NO \_\_\_\_\_ PO #: \_\_\_\_\_

**DO YOU PAY BY CREDIT CARD?**

Type \_\_\_\_\_ Number \_\_\_\_\_ Exp Date \_\_\_\_\_

**MORE ON FOLLOWING PAGE - NOT VALID UNLESS SIGNED ON NEXT PAGE**

**BANK REFERENCES:**

Bank Name (#1) \_\_\_\_\_

Bank Account #: \_\_\_\_\_ Type: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank City, State, Zip: \_\_\_\_\_

Bank Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Bank Name (#2) \_\_\_\_\_

Bank Account #: \_\_\_\_\_ Type: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank City, State, Zip: \_\_\_\_\_

Bank Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**TRADE REFERENCES:**

Company Name	Contact	Address	City	State	Zip	Phone
1. _____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____

**BY SIGNING BELOW, I AGREE AND ACKNOWLEDGE THAT I HAVE READ AND ACCEPT THE TERMS OF SALE AS DEFINED IN THE PRICE QUOTE(S) PROVIDED TO ME OR THOSE IN EFFECT AT THE TIME OF THE SALE.**

**The signature below represents and warrants that the party signing below is an authorized representative of the company and that the information provided herein is a complete and accurate representation of the company's financial situation as of the date hereof and that the party authorizes trade and bank references to release any information necessary to assist in establishing a line of credit.**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_

Typed or Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_