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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
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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: _____