



Acorn Manufacturing Company Inc. / Tremont Nail Company



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APPLICATION FOR CREDIT

PLEASE PRINT CLEARLY OR TYPE INFORMATION

Name of Firm: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Type of Business: _____

Web Address: _____ Email: _____

The above company HEREBY applies for credit in accordance with the terms and conditions of

Acorn Manufacturing Company Incorporated

TERMS: 1% 10 Days/Net 30 Days

The following information will be held in the strictest confidence.

_____ Corporation _____ Partnership _____ Individual _____ Inc. in the past 12 months

Names of Principal(s)	Complete Address	Phone
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1. _____

2. _____

Bank Name: _____ Address: _____

Officer: _____ Phone: _____

Checking account #

Savings account #

Loan(s) account #

Business References:

Business Name	Address	Phone	Fax
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1. _____

2. _____

3. _____

_____ Check here if COD shipments are acceptable until credit is approved.

We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

(Signed) _____ Date _____ 20____

(Title) _____

Office Use Only Date: _____

References checked by _____ Credit approved by _____