

CREDIT APPLICATION

Credit Department 12 Channel Street, Boston MA 02210 T: 617.267.8899 F: 617.267.3139

BFS|Daniels welcomes your application for credit. Please provide us with all the information requested below.

CUSTOMER INFORMATION:

Please check one: Corporation Proprietorship Partnership LLC

Name: _____ Phone: _____ Ext. _____

DBA: _____ Years in Business: _____

Address: _____ Floor: _____ City: _____ State: _____ Zip: _____

Billing Address (if different from above):

Address: _____ Floor: _____ City: _____ State: _____ Zip: _____

Contact: _____ Title: _____ Email: _____

Federal Tax Number: _____ Credit Line Desired: _____

TAX EXEMPTION: Exempt from sales tax? NO YES Tax Exempt Number: _____

If exempt, please enclose a copy of your exemption certificate.

BANK REFERENCE:

Bank name: _____ Branch: _____ Phone: _____

Address: _____ Floor: _____ City: _____ State: _____ Zip: _____

Bank Officer: _____ Account Number: _____ Contact: _____

TRADE REFERENCES: Please supply two trade references.

Firm Name: _____ Phone: _____ Account Number: _____

Address: _____ Floor: _____ City: _____ State: _____ Zip: _____

Firm Name: _____ Phone: _____ Account Number: _____

Address: _____ Floor: _____ City: _____ State: _____ Zip: _____

Please indicate your Account Representative or Store Location: _____

I/We certify that all the above information contained herein is correct.

Applicant's Signature _____ Date: _____

For office use only

Credit approved \$ _____ Terms: Net 30 Approved by: _____ Date: _____