

MAILING ADDRESS:  
P.O. BOX 3099  
ANDOVER, MA 01810  
TEL: 978/681-8833



PLANT & OFFICE:  
30 GLENN STREET  
LAWRENCE, MA 01843  
FAX: 978/682-3413

APPLICATION FOR CREDIT

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

Company Name and Address: \_\_\_\_\_  
\_\_\_\_\_

Tel. \_\_\_\_\_ Fax \_\_\_\_\_

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

Bank Tel. \_\_\_\_\_

Account # \_\_\_\_\_ Type of Account \_\_\_\_\_

Credit References: Please provide name, address, tel., and fax:

1. \_\_\_\_\_ 2. \_\_\_\_\_  
\_\_\_\_\_

tel. \_\_\_\_\_ fax \_\_\_\_\_ tel. \_\_\_\_\_ fax \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_  
\_\_\_\_\_

tel. \_\_\_\_\_ fax \_\_\_\_\_ tel. \_\_\_\_\_ fax \_\_\_\_\_

Approximate Credit Limit Desired: \$ \_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_