



1424 Somerset Ave.
Dighton, MA 02715
(508) 669-6354
Fax*: (508) 669-6143

New Account Credit Form

Company Name Phone

Address

City State Zip

Accounts Payable Contact

Ownership: Corporation ___ Partnership ___ Proprietorship ___ Other ___

Date Business Started

Credit Limit Requested

Annual Sales Volume

Tax Status: Taxable ___ Exempt- Certificate Attached ___

Bank Credit Reference

Bank Name Phone

Address Fax*

City State Zip

Account Number Contact

Trade References

(Please provide references that have extended credit equal to or more than credit required)

Supplier Name Phone

Address Fax*

City State Zip

Account Number Contact

Supplier Name Phone

Address Fax*

City State Zip

Account Number Contact

Supplier Name Phone

Address Fax*

City State Zip

Account Number Contact

Supplier Name Phone

Address Fax*

City State Zip

Account Number Contact

***Fax Phone Number Required**

Signed

Title

Date

Please fax to 508 669-6143