



BUTLER-DEARDEN

The Solutions you want. The Service you need.

80 Shrewsbury Street, P.O. Box 1069, Boylston, MA 01505-1669
Tel: 800.634.7070 | 508.869.9000 | Fax:508.869.0211

How did you hear about us?
<input type="checkbox"/> Yellow Pages
<input type="checkbox"/> Web Site
<input type="checkbox"/> Sales Representative
<input type="checkbox"/> Other _____

CREDIT APPLICATION

3/2013

Legal Name of Business _____

Owner(s) Name _____

Legal Status (check one) Corporation Partnership LLC Individual

Type of Business _____ Years in business _____

Federal Tax ID # _____ Annual Revenues _____ No. of Employees _____

Sales Tax Status: Taxable ___ Exempt ___ ***If you have a resale or tax exempt #, it should be submitted on a state tax form.**

Has this company ever filed for bankruptcy? _____ If so, when _____

Billing Address _____

(street) (city/town) (zip plus 4)

Shipping Address _____

(street) (city/town) (zip plus 4)

Telephone # _____ Fax # _____

Receiving Hours _____ Contact Person _____

Invoices and statements are sent by Email please provide email address _____

Hard copy by request only for invoices and statements Credit line desired: _____

(Please fill in all required information below or attached a preprinted form and sign credit application below)

Bank Reference:

Bank Name _____ Account# _____

City: _____ State: _____ Telephone #: _____

Trade References:

#1 Company Name: _____ #2 Company Name: _____

Street Address: _____ Street Address: _____

City, State, Zip _____ City, State, Zip: _____

Tel#: _____ Fax# _____ Tel #: _____ Fax# _____

#3 Company Name: _____ #4 Company Name: _____

Street Address: _____ Street Address: _____

City, State Zip: _____ City, State, Zip: _____

Tel# _____ Fax#: _____ Tel# _____ Fax#: _____

I authorize the above references and bank to release relevant credit information to **Butler-Dearden Paper Service, Inc.** and from time to time Butler-Dearden may review my credit line by updating all relevant credit information.

We reserve the right to add to your monthly balance a service charge of 1-1 ½ % per month (18% annual rate) on all amounts unpaid on the 1st day of the 3rd month following purchase. If this account is placed with a third party for collection, buyer agrees to pay all costs and expenses of collection including a reasonable attorney's fee in addition to the service charges stated above.

Date: _____ Signature: _____ Title: _____