



PO Box 202, Watertown, MA 02471-0202

617-926-4556 800-560-6077 Fax 617-926-2951

APPLICATION FOR CREDIT

Co. Name: _____ Date: _____

Address: _____ Phone #: _____

_____ Fax #: _____

Billing Address: _____ Years in Business: _____

_____ Fed. ID or SS#: _____

E-mail Address: _____ Amt. Of Credit Line Desired \$ _____

Are you: (Circle One) Incorporated Partnership Sole Proprietor Trust Other _____*

** PLEASE ATTACH COPY (i.e. DBA Certificate from City or Town, Copy of Trust, or Stamp w/ Corp. Seal)*

Do you require a Purchase Order (PO)? ___Yes ___No

Sales Tax Status: ___Taxable ___ Exempt (IMPORTANT! You must attach a Tax Exempt form!)

Have you ever bought from our Company before? ___Yes ___No; If yes, under what name? _____

Has your Company ever filed for bankruptcy? ___Yes ___No; if yes, when? _____

Accounts Payable Contact: _____

NAMES OF PRIMARY OFFICERS OR OWNERS/PRINCIPLES

1. _____ 2. _____

CREDIT REFERENCES

1. Name: _____ Address: _____

Phone#: _____ Fax#: _____

2. Name: _____ Address: _____

Phone#: _____ Fax#: _____

3. Name: _____ Address: _____

Phone#: _____ Fax#: _____

BANK REFERENCES

Contact Name Account #	Branch/Address	Phone#
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1. _____

2. _____

I/We hereby certify that the above information is correct and authorize you or your agent to investigate any data furnished by me for the duration of the credit relationship. I/We understand that your credit terms are NET 10th and any amount overdue past 30 days is subject to a 1½ % service charge which I agree to pay if it so occurs. For and in consideration of Jomar Distributors Inc. extending credit at my request to the above listed company, I/We do hereby personally guaranty to Jomar Distributors Inc., the payment of any obligation of the company whenever the company shall fail to pay. Collection and/or legal charges will be assessed. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the company.

I/We hereby understand by signing this application I/we are allowing you to investigate information from any financial institution, bank or credit house that I/we may hold funds in for use by you in determining my credit status.

THIS FORM MUST BE SIGNED BY AN OFFICER OR OWNER

Signature(s): _____ **Date:** _____

(Please sign and return to above address or fax to 617-926-2951)

360 Pleasant St.
Watertown, MA 02472

125 Commerce Way
Dedham, MA 02026

50 High St.
Woburn, MA 01801

767 Waverly St.
Framingham, MA 01702

15 Fifth St.
Taunton, MA 02780

617-926-4556
Fax 617-926-2951

781-329-4951
Fax 781-329-9943

781-933-6614
Fax 781-933-6783

508-620-8885
Fax 508-875-4570

508-821-9460
Fax 508-821-9809