


**PEABODY SUPPLY CO., INC.**

Wholesale Distributors of Plumbing &amp; Heating Supplies

P.O. Box 669 (Rear) 58 Pulaski St. Peabody, MA 01960-7669 • Tel: (978)-532-2200 • Fax: (978) 532-3753

**CREDIT APPLICATION**

The Primary Location I Plan On Buying From:

 Chelmsford, MA   
  Kingston, NH   
  North Andover, MA   
  Peabody, MA   
  Waltham, MA   
  Methuen, MA  
 Nashua, NH

Individual Name(s): \_\_\_\_\_

Name Of Business: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Check One:  Corporation  Individual

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Date Started: \_\_\_\_\_

Master License #: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Federal ID #: \_\_\_\_\_

**TRADE REFERENCE (3 Largest Creditors)**

	NAME	ADDRESS	PHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

BANK NAME	ADDRESS	PHONE	ACCT.#
_____	_____	_____	_____

I hereby give approval of release of information from this account. Contact Person at Bank: \_\_\_\_\_

**PARTNERS OR OWNER OF BUSINESS**

TITLE	NAME	ADDRESS	PHONE
_____	_____	_____	_____
_____	_____	_____	_____

 Have you ever traded with our Company before?  No  Yes \_\_\_\_\_ If "Yes", when? \_\_\_\_\_

Under what Name? \_\_\_\_\_

Previous Year's Total Sales: \$ \_\_\_\_\_

 Sales Tax Status:  Taxable  Exempt (Attach Exemption Certificate To This Form)

 Have you ever filed bankruptcy?  Yes  No

If "Yes", please give date, state and name: \_\_\_\_\_

 Does your company use a purchase order?  Yes  No

Credit Limits: How much credit do you require for this account: \_\_\_\_\_

Please state in dollars per month: \_\_\_\_\_

Person(s) allowed to charge accounts at time of application: \_\_\_\_\_

**NOTE: Unless you tell us otherwise in writing, employees of your business are authorized to charge.**

Invoice to be sent to "Attention" of: \_\_\_\_\_

**Please fill out front and back of this Credit Application**

The above information is for the purpose of obtaining credit and is warranted to be true. I/We authorize the person or firm to whom this application is made to investigate the references listed pertaining to my/our credit responsibility. Furthermore, I/We agree to the terms of sale and returns policy of your company and all reasonable costs, collection fees, attorneys' fees and expenses incurred by me in the event of failure of applicant to pay all obligations and indebtedness when due.

**Authorization To Release Information:**

I/We have applied for credit from the above mentioned company. As part of the application process, the above mentioned company may verify information contained in this application. I/We authorize you to provide the mentioned company any and all information that they request. Such information includes, but is not limited to, employment history and income, bank, money market and similar account balances and credit history. A copy of this authorization may be accepted as an original.

**APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH TERMS STATED.**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Spousal Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**PERSONAL GUARANTEE**

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

The undersigned, \_\_\_\_\_ and \_\_\_\_\_ residing at \_\_\_\_\_ for and in consideration of your extending at our request credit to the above and named applicant (hereinafter referred to as the Company hereby personally guarantee to you the payment of any obligation of the Company and we hereby agree to bind ourselves to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guarantee shall be a continuing and irrevocable guarantee and indemnify for indebtedness of the Company. We do hereby waive notice of default, nonpayment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Witness: \_\_\_\_\_ Witness: \_\_\_\_\_

SPACES BELOW ARE FOR PEABODY SUPPLY USE ONLY						
Limit	Terms	Salesman	Branch	Credit Rating	Credit Approval	Approval Date
Cust. Type	P. Class	Stmt. Code	Account #			

**\*IMPORTANT\* PLEASE SELECT HOW YOU WOULD LIKE TO RECEIVE YOUR INVOICES**

**EMAIL:**  \_\_\_\_\_

**FAX:**  \_\_\_\_\_

**MAIL:**  \_\_\_\_\_