

## APPLICATION FOR CREDIT

Location of Account:

Worcester:	165	Southbri	idge S	Street,	Word	ester,	MA	01608
Westboro:	190 7	Turnpike	Road	West	boro,	MA 0	1581	

## PLEASE FILL OUT COMPLETELY - INCOMPLETE FORMS CANNOT BE PROCESSED. Company Name \_\_\_\_ \_Date \_\_\_\_\_ Street Address Phone Fax State \_\_\_\_ City Zip Person Completing Application (Please Print) \_\_\_\_\_\_Title \_\_\_\_\_ 1. Officers/Principals of Firm: 2. Type of Business No. of Employees\_\_\_\_\_ Date Established \_\_\_\_\_ ☐ Corporation ☐ Partnership ☐ Sole Proprietorship Other Tax ID# Are you tax exempt? ☐ Y ☐ N # Business Bank\_\_\_\_\_ \_\_\_\_\_ Account No. \_\_\_\_\_ Checking Bank Address (branch) Phone Savings Trade References (three current suppliers; omit electric, gas, phone co., & personal credit cards) 1. Name \_\_\_\_\_\_ Account No. \_\_\_\_\_ Phone \_\_\_ Address City State Zip 2. Name \_\_\_\_\_\_ Account No. \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State\_\_\_ Zip\_\_\_\_ 3. Name \_\_\_\_\_\_ Account No. \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_ State\_ Zip\_\_\_\_ Billing Information: Billing Address (if different) \_\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip\_\_\_\_ Contact Name Title Email Anticipated monthly printing volume \$ \_\_\_\_\_\_ P.O. Required? ☐ YES ☐ NO How did you hear about Curry Printing? \_\_\_\_\_ CREDIT AGREEMENT - CUSTOMER VERIFIES THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND HEREBY GRANTS PERMISSION FOR ANY PERSON TO FURNISH TO CURRY PRINTING ANY AND ALL INFORMATION WHICH MAY PERIODICALLY BE REQUESTED. CUSTOMER ALSO AGREES TO PAY FOR ANY AND ALL CHARGES UNDER AND PURSUANT TO ITS ACCOUNTS, WHETHER ORDERED BY THE CUSTOMER OR BY ANY PERSON REPRESENTING HIMSELF/HERSELF/ITSELF TO BE AN AGENT, EMPLOYEE OR REPRESENTATIVE OF THE CUSTOMER. CREDIT TERMS ARE AT THE ABSOLUTE DISCRETION OF CREDITOR WHO MAY TERMI-NATE, ALTER OR DENY CREDIT TERMS WITHOUT NOTICE, AND WITHOUT CAUSE, ALL SALES ON CREDIT ARE NET 10 DAYS FROM THE END OF THE MONTH OF DATE OF INVOICE. ALL PAST DUE ACCOUNTS ACCRUE INTEREST AT 1-1/2% PER MONTH ON THE DECLINING UNPAID BALANCE, OR AT THE LEGAL RATE OF INTER-EST, WHICHEVER IS LESS. THE ACCRUAL OR PAYMENT OF INTEREST DOES NOT AUTHORIZE THE CUSTOMER TO DEFER PAYMENT OF ANY INDEBTEDNESS BEYOND THE CREDIT TERMS STATED HEREIN. IN THE EVENT OF THE DELINQUENCY OF ANY ACCOUNT. CUSTOMER AGREES TO PAY ALL COLLECTION COSTS. ATTORNEY'S FEES, AND COURT COSTS INCURRED IN THE COLLECTION OF SAID ACCOUNT, REGARDLESS OF WHETHER JUDICIAL ACTION IS UNDERTAKEN. THERE IS A \$10.00 MINIMUM ON ALL CHARGE ORDERS. I UNDERSTAND AND AGREE TO THE ABOVE TERMS. \_\_\_\_\_Title \_\_\_\_\_ Name (Please type or print) Date FOR OFFICE USE ONLY Date Received \_\_\_\_\_Approved by \_\_\_\_ (Date) (Initials)

Date

Amount

Customer notified by \_