

# **Confidential Customer Account Application**

**Fax completed application to – (617) 393-3777**



Toll Free (800) 333-8133  
Local (617) 393-4000

610 Pleasant Street  
Watertown, MA 02472

Amount Requested \_\_\_\_\_ Terms: \_\_\_\_\_ Open Acct: \_\_\_\_\_ COD/Company Check: \_\_\_\_\_ Credit Update

Date Business Started	Type of Business	Tax ID # (required)	D&B #
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Business Type:    \_\_\_Corporation    \_\_\_Partnership    \_\_\_Sole Proprietorship    \_\_\_Limited Partnership

## **BILL TO INFORMATION**

Contact for Payment	
Company Name	
Address	
City, State, Zip	
Phone	Fax

## **SHIP TO INFORMATION**

Contact	
Company Name	
Address	
City, State, Zip	
Phone	Fax

## **Owner/Officer/Partner Information**

Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone \_\_\_\_\_

Home Address \_\_\_\_\_ D.O.B. \_\_\_\_\_ Social Security Number \_\_\_\_\_

## **INDUSTRY CREDIT REFERENCES (4 required)**

1. Name \_\_\_\_\_ Address \_\_\_\_\_ City,State,Zip \_\_\_\_\_

Phone# \_\_\_\_\_ Fax# \_\_\_\_\_ Account# \_\_\_\_\_ Terms \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_ City,State,Zip \_\_\_\_\_

Phone# \_\_\_\_\_ Fax# \_\_\_\_\_ Account# \_\_\_\_\_ Terms \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

3. Name \_\_\_\_\_ Address \_\_\_\_\_ City,State,Zip \_\_\_\_\_

Phone# \_\_\_\_\_ Fax# \_\_\_\_\_ Account# \_\_\_\_\_ Terms \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

4. Name \_\_\_\_\_ Address \_\_\_\_\_ City,State,Zip \_\_\_\_\_

Phone# \_\_\_\_\_ Fax# \_\_\_\_\_ Account# \_\_\_\_\_ Terms \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**Please read and sign the terms and conditions on the next page of this application.  
Applications will not be processed without the appropriate signature(s).**

**BANK INFORMATION (required information)**

Bank _____	Address _____
City _____	State _____ Zip _____ Phone _____
Type of Account _____	Account # _____ Contact _____

**PAYMENT GUARANTY**

1. The information contained in this application and in all financial statements submitted in connection with this document is for the purpose of obtaining credit and is represented to be true and complete by the applicant.
2. The applicant authorizes Commonwealth Cotton to investigate all credit references and any matters pertaining to its financial responsibility.
3. The undersigned authorizes its trade references and banks to release complete information for the purpose of credit extension.
4. The undersigned authorizes Commonwealth Cotton to obtain the necessary trade and personal credit reports at present and on a continuing basis to determine the credit worthiness of the applicant and to report the performance of account to proper persons and credit reporting agencies.
5. Upon the authorization of an account, the applicant agrees to pay Commonwealth Cotton within terms (Net 30 days). The applicant also agrees to pay, in addition to the principal, 1½% per month on the outstanding balance in the event that the account debtors fail to pay by the date due.
6. Should it become necessary to place the account with a collection agency or attorney, the applicant agrees to pay all costs and a collection fee or attorney fee of 30% in addition to other sums due. The applicant shall also be liable for service charges incurred for checks returned for non-sufficient funds.
7. I personally guarantee all debts incurred by this company and hereby agree to bind myself (ourselves) to pay Commonwealth Cotton on demand any sums which may become due whenever the company shall fail to pay the same. It is understood that this shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the company.

Owner's/Officer's Name (printed): \_\_\_\_\_

Owner's/Officer's Name (signature): \_\_\_\_\_

Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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



**PLEASE FAX YOUR COMPLETED APPLICATION TO - (617) 393-3777**