

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 _____

2. Name _____ Address _____ City,State,Zip _____

Phone# _____ Fax# _____ Account# _____ Terms _____

3. Name _____ Address _____ City,State,Zip _____

Phone# _____ Fax# _____ Account# _____ Terms _____

4. Name _____ Address _____ City,State,Zip _____

Phone# _____ Fax# _____ Account# _____ Terms _____

**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