



TAYLOR FOREST PRODUCTS, INC.
ph. 781-829-2121/800-837-7480
fx. 781-826-4220 web. taylorforest.com
P.O. Box 1206, Marshfield MA 02050-1206

CONFIDENTIAL CREDIT APPLICATION

Note: All sections must be completed in full

COMPANY INFORMATION

SALES REP:

Company Name _____ E-MAIL: _____

Parent Company / DBA _____

Billing Address _____ Contact _____

City _____ State _____ Zip _____

Previous Address _____

Years in Business _____ Phone _____ Fax _____

Bank _____ Account # _____ Officer _____ Phone _____

OWNER INFORMATION (Must be completed for all partnerships and sole proprietorships and corporations in business less than three years.)

Corporation Partnership Sole Proprietorship

Owners Full Name _____ SS# _____

Owners Address _____

City _____ State _____ Zip _____

Partners Full Name (If Partnership) _____ SS# _____

Partners Address _____

City _____ State _____ Zip _____

TRADE REFERENCES

1. _____ Phone _____ Fax _____
(Name & Address)

2. _____ Phone _____ Fax _____
(Name & Address)

3. _____ Phone _____ Fax _____
(Name & Address)

I acknowledge that the terms offered by *Taylor Forest Products, Inc.* are 1% -5 N-25 from date of Invoice. I agree to pay interest at a rate of 1 ½% per month (18% per annum) for all invoices past due, and all reasonable costs of collection, including attorney's fees, in the event of my failure to pay. In consideration of the receipt of services by said firm, we the undersigned do hereby jointly and severally guarantee the payment by said firm. This is your authority to charge 1 ½% per month (18% per annum) on all past due amounts. The below signatures also grant Taylor Forest Products, Inc. the right to check any factors pertinent to a fair evaluation of establishing credit.

Authorized Signature _____ Title _____ Date _____

Authorized Signature _____ Title _____ Date _____