



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 \_\_\_\_\_