

INDEPENDENT SYSTEMS DISTRIBUTORS, INC.

16 DELCARMINE STREET ~ WAKEFIELD, MA 01880
Phone (781) 245-6785 ~ Fax (781) 245-6783

CREDIT APPLICATION

**** NOTE - ALL INFORMATION MUST BE FILLED OUT ON THIS APPLICATION & ORIGINAL
MUST BE MAILED BACK TO US BEFORE AN ACCOUNT CAN BE SET UP FOR NET TERMS ****

DATE: _____

COMPANY: _____ PHONE#: _____

ADDRESS: _____ FAX #: _____

CITY: _____ STATE: _____ ZIP CODE: _____

BILL TO: _____ TAX I.D. #: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PAYABLES CONTACT: _____ ARE P.O. #'S REQUIRED : _____

AUTHORIZED PURCHASING AGENTS: _____

____ SOLE PROPRIETORSHIP ____ PARTNERSHIP ____ CORPORATION ____ SUBSIDIARY ____ DIVISION

YEARS IN BUSINESS UNDER THIS NAME: _____ YEARS AT THIS LOCATION: _____

OF EMPLOYEES: _____ SALES VOLUME: \$ _____ REQUESTED CREDIT LINE: \$ _____

OWNERSHIP:

NAME OF OWNER: _____ PHONE #: _____

HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

NAME OF OWNER: _____ PHONE #: _____

HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

BANK REFERENCE:

BANK NAME: _____ ACCOUNT #: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ FAX #: _____ CONTACT: _____

CREDIT REFERENCES:

COMPANY : _____ ACCOUNT # : _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE # : _____ FAX # : _____ CONTACT: _____

COMPANY: _____ ACCOUNT # : _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE # : _____ FAX # : _____ CONTACT: _____

COMPANY: _____ ACCOUNT # : _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE # : _____ FAX # : _____ CONTACT: _____

**** NOTE - PLEASE MAKE SURE ALL FAX NUMBERS AND ACCOUNT NUMBERS ARE INCLUDED. WE WILL NOT ACCEPT ANY CREDIT CARDS, AUTO REPAIR STATIONS, HARDWARE STORES, TOOL SUPPLIERS OR ANY ACCOUNTS THAT HAVE BEEN INACTIVE MORE THAN 1 YEAR AS A REFERENCE ****

PAYMENT IS PERSONALLY GUARANTEED BY: _____ (PRINT NAME)

AUTHORIZED SIGNATURE

TITLE

DATE

**** NOTE - THIS SECTION MUST BE SIGNED IN ORDER TO PROCESS ANY RUSH ORDERS ! ****

APPLICANT PLEASE READ AND EXECUTE THE FOLLOWING:

In consideration of your opening my/our account or extending credit to me/us , I/we hereby agree that all accounts are to be paid monthly on the tenth of the month following the billing date , and I/we agree to pay all bills promptly when due. Bills become delinquent on the 15th of the month after the first billing. Further , I/we agree that , in event that legal action or lien be undertaken , or the services of a collection agency are used to collect my/our account , I/we shall pay all expenses incurred by you , such as , but not limited to: collection fees , attorney's fees , lien fees and costs.

All statements made herein are true and accurate to the best of our knowledge. We authorize your company to make any and all inquiries necessary for action on this credit application. We hereby indemnify your company and its agents , from any liability resulting from their credit survey.

AUTHORIZED SIGNATURE

TITLE

DATE

**** NOTE - THIS SECTION MUST BE SIGNED IN ORDER TO PROCESS THE APPLICATION ****