



**WD
MATTHEWS**
MACHINERY
COMPANY

901 CENTER STREET
PO BOX 319
AUBURN – MAINE – 04212-0319
TOLL FREE 800.341.6702

- BRANCH OFFICES -
CONCORD – NEW HAMPSHIRE
SHREWSBURY – MASSACHUSETTES
WDM REP. _____

COMMERCIAL CREDIT APPLICATION AND AGREEMENT

Business Name: _____ Date: _____

Trade Name (if different) _____

Address _____ City _____ State _____ Zip _____

Billing Address (only if different) _____

Telephone # (including area code) _____ Fax# _____

Form of Business Entity: Partnership Sole Proprietorship Corporation

Owners or Partners, Officers, id Incorporated, Names and addresses _____

Federal Tax ID (or) Social Security # _____ If Inc. Sate of Inc. _____

Number of years in business: _____ Maximum monthly credit requested: _____

Bank References:

Bank: _____ Type of Account: _____

Address: _____ Account # _____

Phone # _____ Fax # _____

Trade References:

Name: _____ Phone # _____

Address: _____ Fax # _____

Name: _____ Phone # _____

Address: _____ Fax # _____

Name: _____ Phone # _____

Address: _____ Fax # _____

If you are claiming tax exempt purchases, we must have your signed tax exempt certificate with this application.

Sales and Use Tax Number (if applicable – enclose signed certificate) _____

CREDIT TERMS: NET 30 DAYS. INTEREST MAY BE ADDED AT 2% PER/MONTH (ANNUAL RATE 24%) ON ALL PAST DUE INVOICES.

I HAVE READ THE ABOVE STATEMENTS AND ALL STATEMENTS ARE COMPLETE, ACCURATE, AND TRUE TO THE BEST OF MY KNOWLEDGE, SHOULD ADDITIONAL INFORMATION OF A FINANCIAL NATURE BE NECESSARY. I AGREE TO FURNISH YOU WITH SAID INFORMATION UPON REQUEST. I AUTHORIZE AND RELEASE ALL BANKS, PERSONS, AND COMPANIES LISTED ON THIS APPLICATION TO FURNISH INFORMATION AND THE CHECKING OF CREDIT.

I UNDERSTAND THE ABOVE CREDIT TERMS AND AGREE TO COMPLY WITH THESE TERMS. IF I FAIL TO COMPLY WITH THE TERMS, I AGREE TO PAY ALL COSTS OF COLLECTION OF MY ACCOUNT BALANCE, INCLUDING BUT NOT LIMITED TO ATTORNEY'S FEES AND COURT COSTS

OFFICE USE ONLY	
_____ Approved	
_____ Not Approved	
Credit Limit _____	
Notified _____	
Date _____	
By _____	

Name of Firm _____

By _____

TITLE _____

(OWNER, PARTNER, OR OFFICER MUST SIGN)

Date _____

NOTE: WHEN COMPLETED PLEASE FAX: 1-207-783-9542 or EMAIL: dlawler@wdmatthews.com

ATTENTION: MR. DENNIS LAWLER, CREDIT DEPARTMENT