



APPLICATION FOR CREDIT

CORPORATE HEADQUARTERS: 83 TURNPIKE RD., IPSWICH, MA 01938 ▪ (800) 777-7473

BILLING ADDRESS:

COMPANY NAME:		
MAILING ADDRESS LINE 1:		
MAILING ADDRESS LINE 2:		
CITY:	STATE:	ZIP CODE:
PHONE:	FAX:	
DELIVERY ADDRESS LINE 1:		
DELIVERY ADDRESS LINE 2:		
CITY:	STATE:	ZIP CODE:
PRINCIPAL/PRESIDENT'S NAME:	TYPE OF BUSINESS:	
AP CONTACT NAME:	AP EMAIL ADDRESS:	
SALES CONTACT NAME:	SALES EMAIL ADDRESS:	
EMAIL ADDRESS FOR INVOICES:		
YEAR BUSINESS ESTABLISHED:	HOW LONG AT THIS LOCATION:	OWN RENT
ADDRESS OF BUSINESS AT PREVIOUS LOCATION:		

TRADE REFERENCES (MUST LIST FOUR):

REFERENCE #1 NAME:	REFERENCE #1 PHONE:
REFERENCE #1 LOCATION:	REFERENCE #1 FAX:
REFERENCE #2 NAME:	REFERENCE #2 PHONE:
REFERENCE #2 LOCATION:	REFERENCE #2 FAX:
REFERENCE #3 NAME:	REFERENCE #3 PHONE:
REFERENCE #3 LOCATION:	REFERENCE #3 FAX:
REFERENCE #4 NAME:	REFERENCE #4 PHONE:
REFERENCE #4 LOCATION:	REFERENCE #4 FAX:

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BANK REFERENCE:

BANK NAME:		
BANK PHONE:	BANK FAX OR EMAIL:	BANK ACCOUNT #:
SALES TAX STATUS, EXEMPT #:		

*****YOU MUST SUBMIT A COPY OF YOUR SALES TAX STATUS CERTIFICATE WITH THIS CREDIT APPLICATION*****

BANK AND TRADE REFERENCE RELEASE OF INFORMATION

In signing this application, you hereby agree to pay your account according to the terms on each invoice. If collection actions are necessary any and all fees, including attorney and court costs, will be the responsibility of the customer. The undersigned is an officer, partner, or sole proprietor of this company, and is authorized to provide the information contained on this credit application. The undersigned also authorizes Merfish United to request and obtain information required for the purpose of granting credit to us, and all references given are directed to furnish all requested information.

COMPANY NAME:	
OFFICER NAME:	
OFFICER TITLE:	
SIGNATURE	DATE:

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