

M.D. Stetson Company, Inc.
92 York Avenue
P.O. Box 259
Randolph, MA 02368



TEL: 781-986-6161
800-255-8651
FAX: 781-961-1764
www.mdstetson.com

CONFIDENTIAL CREDIT AGREEMENT

The following information is provided for the purpose of extending credit to our company on M. D. Stetson terms of Net 30 days. To the best of our knowledge and belief, the information is accurate and may be relied upon in making your credit decision- We authorize our bank and suppliers to furnish you any information necessary to complete your evaluation of our credit history. We also understand that in the event of non-payment, we are liable for all late fees and collection costs. That includes attorney fees as well as all other court costs.

Our selling terms are NET 30 DAYS.

Signature _____ Title _____ Date _____

Company Name: _____ TEL (____) _____

Billing Address: _____ City _____ State ____ Zip _____

Shipping Address: _____ City _____ State ____ Zip _____

Type of Business: _____ Date Established: _____

Type of Entity: Proprietorship Partnership Corporation Other. _____

If Incorporated: State of incorporation _____ Year of Incorporation: _____

Owners/Managers

Titles

A/P Contact: _____ FAX (____) _____

Check payment periods (if applicable) _____

Person authorized to sign checks _____

Bank _____ Account #: _____

Address: _____ City _____ State ____ Zip _____

Officer: _____ TEL (____) _____

Three Trade References: Please include address, telephone number and fax number

Name _____ TEL (____) _____

Address _____ FAX (____) _____

Name _____ TEL (____) _____

Address _____ FAX (____) _____

Name _____ TEL (____) _____

Address _____ FAX (____) _____

Established Monthly Purchases _____ Credit line requested. _____