

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 by M.D. Stetson with 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 terms are NET 30 DAYS.**

Signature of Corporate Officer or Owner \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Company Name: \_\_\_\_\_ TEL (\_\_\_\_) \_\_\_\_\_

Billing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Shipping Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Owner/Manager \_\_\_\_\_ Title \_\_\_\_\_

A/P Contact: \_\_\_\_\_ TEL (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

Type of Business: \_\_\_\_\_ Date Established: \_\_\_\_\_

Type of Entity:  Proprietorship  Partnership  Corporation  Other. \_\_\_\_\_

If Incorporated: State of incorporation \_\_\_\_\_ Year of Incorporation: \_\_\_\_\_

Tax Exempt:  No  Yes Number. \_\_\_\_\_ **Tax Exempt Certificate must accompany application.**

Bank \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Bank Contact: \_\_\_\_\_ 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. \_\_\_\_\_