



# Quinlan-Wasserman, Inc

500 Albany Street  
Boston, MA 02118

11 Commercial Street  
Medford, MA 02155

(617) 426-2524 PHONE (617) 426-9826 FAX -BOSTON  
(781) 395-1343 PHONE (781) 395-1825 FAX -MEDFORD

## CREDIT APPLICATION

\*Application must be completed in full so we may process your request for credit.

BUSINESS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

A/R CONTACT \_\_\_\_\_ BUYER \_\_\_\_\_

Type of Business \_\_\_\_\_ Year Established \_\_\_\_\_

BUSINESS Property: \_\_\_\_\_ Owned \_\_\_\_\_ Leased \_\_\_\_\_ Rented  
\_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship TAX ID # \_\_\_\_\_

### OWNERS/OFFICERS

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Home Address \_\_\_\_\_ Phone \_\_\_\_\_

### TRADE REFERENCES/SUPPLIERS

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Fax: \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Fax: \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Fax: \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax: \_\_\_\_\_

**BANK REFERENCE**

Name \_\_\_\_\_ Officer's Name \_\_\_\_\_

Address \_\_\_\_\_ Account # \_\_\_\_\_

Estimated monthly purchases \_\_\_\_\_ Credit line requested \_\_\_\_\_

**TERMS: DUE 10<sup>th</sup> OF MONTH FOLLOWING PURCHASE. LATE FEE OF 1 1/2% PER MONTH ADDED TO ALL PAST DUE INVOICES (MIN. \$1.00).**

I have read, understand, and accept the terms, and have provided true information to the best of my knowledge. I further authorize Quinlan-Wasserman, Inc to verify any and all references we have provided that may be required to determine our credit capabilities and to request information from credit reporting agencies. The information provided will be used solely for reference purposes within our credit department.

I understand that if payment is not made when due, balances will be subject to a finance charge at the rate of 1.5% per month (minimum \$1.00). In the event that collection action is taken, I agree to pay the cost of collection, including reasonable attorney's fees (minimum 25%).

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I further authorize Quinlan-Wasserman, Inc to charge my credit card when my account becomes delinquent.

Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

Name (as it appears on card) \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PERSONAL GUARANTEE:**

In consideration of any credit extended, I/We will individually and/or jointly guarantee upon full and prompt payment of all indebtedness by: (firm name) \_\_\_\_\_ incurred for merchandise furnished by Quinlan-Wasserman, Inc plus late fees, collection costs and attorney's fees where applicable. Such guarantee shall remain in force until its revocation is acknowledged in writing to Quinlan-Wasserman, Inc. Such revocation shall not affect indebtedness prior to receipt of written notice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_