



New England Deliveries, Inc.
Credit Application

24 Clapper Rd. Milton, VT 05468
802-891-2000 | 802-891-2030 Fax

(Please Print Legibly)

Business Legal Name: _____

Business Trade Name: _____

Business Entity: Corporation: _____ Partnership: _____ Sole Proprietor: _____ LLC: _____
LLP: _____ PLC: _____

Street Address: _____ City: _____
State: _____ Zip Code: _____

Mailing Address: _____ City: _____
State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Web Site: _____

Officers / Owners: _____ Title: _____

Trade Credit References:

Company: _____ Phone: _____
Address: _____ City: _____ State: _____
Zip Code: _____ Account #: _____

Company: _____ Phone: _____
Address: _____ City: _____ State: _____
Zip Code: _____ Account #: _____

Company: _____ Phone: _____
Address: _____ City: _____ State: _____
Zip Code: _____ Account #: _____

Contact Person Regarding Accounts Payable (Required):

Name: _____
Phone: _____ Ext: _____ Fax: _____
E-Mail Address: _____

Bank References:

Bank Name: _____ Account #: _____
Address: _____ City: _____
State: _____ Zip/Postal Code: _____
Contact Name: _____ Phone: _____

Bank Name: _____ Account #: _____
Address: _____ City: _____
State: _____ Zip/Postal Code: _____
Contact Name: _____ Phone: _____

Federal EIN# / SS#: _____ Circle one: EIN / SS

Date Business Started: _____ State of: _____
Inc. State of: _____

PLEASE READ THE FOLLOWING CAREFULLY:

I understand that payment terms are due within 30 days of service date. A service charge of 1 1/2% per month (18%) will be added to my past due accounts. This charge will apply to the amount that remains unpaid from the date of service. All accounts referred for collection will be subject to court costs and reasonable attorney fees. (Initials: _____)

I understand that a fee of \$25.00 per returned check will be charged to my account balance. (Initials: _____)

I warrant the information shown on the above form to be true. I authorize the person to whom this submitted to investigate the references, statements and other data contained herein, and similar information forthcoming from any other person, pertaining to my credit financial responsibility. I hereby authorize New England Deliveries, Inc. to conduct a credit check and further agree to be bound by all terms of New England Deliveries, Inc. terms of credit. (Initials: _____)

Signature: _____ Date: _____

Print: _____ Title: _____