

ROMANOW



ROMANOW CONTAINER

346 University Avenue
Westwood, MA 02090

Phone: 781-320-9200 Fax 781-461-5900

ROMANOW



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS INFORMATION

Company Name:			d/b/a:		
Address:					
City:		State:	ZIP Code + 4:		-
Contact Name:			Position:		
Phone:		Fax:		E-mail:	
Date Business Commenced:			Business Activity:		
Sole Proprietorship:		Partnership:	Corporation:		Other:
Sales Tax Exempt? Yes: No:		Tax Exempt #:		<u>Please Provide Exempt Certificate</u>	
Fax Invoices? Yes: No:		Attention to:		Fax #:	
Email Invoices? Yes: No:		Email Address for Invoices:			

CREDIT INFORMATION

Bank Name:			Contact:		
Bank Address:			Phone:		
City:			State:		ZIP Code:
<u>Type of Account</u>		<u>Account Number (s)</u>			
Checking					

BUSINESS/TRADE REFERENCE #1

Company Name:					
Address:					
City:		State:		ZIP Code:	
Phone:		Fax:		E-mail:	

BUSINESS/TRADE REFERENCE #2

Company Name:					
Address:					
City:		State:		ZIP Code:	
Phone:		Fax:		E-mail:	

BUSINESS/TRADE REFERENCE #3

Company Name:					
Address:					
City:		State:		ZIP Code:	
Phone:		Fax:		E-mail:	

AGREEMENT

1. Romanow Container standard terms require that all invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Romanow Container to make inquiries into the banking and business/trade references that you have supplied and that you agree to its standard payment terms.
4. Remit to: Romanow Container, P.O. Box 3815, Boston, MA 02241-3815

SIGNATURES

Print Name:			Print Name:		
Title:		Date:		Title:	
				Date:	