

Trombly Brothers, Inc.

141-153 Sutton Street
North Andover, MA 01845
phone: 978-683-1031
fax: 978-683-9118
c/o Kelley Dow

Kelley@tromblybros.com

CREDIT APPLICATION

Business Name: _____

Address: _____

Town/City: _____ State: _____ Zip: _____

Phone: _____

Fax: _____

Tax ID # _____

Type of Business: _____

of Years in Business: _____

Check One: Corporation _____ Individual _____ Partnership _____ LLC _____

Officers:

Name: _____

Title: _____

Home Address: _____

Town/City: _____ State: _____ Zip: _____

Home telephone #: _____

Name: _____

Title: _____

Home Address: _____

Town/City: _____ State: _____ Zip: _____

Home telephone #: _____

Bank References:

Name of Bank _____

Address: _____

Town/City _____ State: _____ Zip: _____

Account Manager: _____

Telephone: _____ Fax: _____

Trade References

Name of Company: _____
Address: _____
Town/City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Contact: _____

Name of Company: _____
Address: _____
Town/City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Contact: _____

Name of Company: _____
Address: _____
Town/City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Contact: _____

OUR INVOICING POLICY

All fees for towing and automotive repair services charged to this account must be paid in full within ten (10) days of receipt of our Balance Due Statement mailed at the end of each month.

Any account charging over \$2,500 per month shall be billed on a bi-monthly basis.

All unpaid balances will be subject to a finance charge of 1.5 % on any balance over 30 days.

Any information supplied in this application will be kept in the strictest confidence.

AUTHORIZED SIGNATURE

If granted credit, I agree to pay all bills within ten (10) days of receipt of balance due statement.

Signed: _____
Title: _____ Date: _____