

POBCO, INC.
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(508) 791-6376 (800) 222-6376
FAX: (508) 791-3247

APPLICATION FOR CREDIT ON THIRTY DAY OPEN ACCOUNT BASIS

BILL TO:

SHIP TO:

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

CITY _____

CITY _____

STATE _____ ZIIP _____

STATE _____ ZIP _____

TELEPHONE _____ FAX _____

TELEPHONE _____ FAX _____

YEARS IN BUSINESS (____)

HOW LONG AT THIS LOCATION? ____ YEARS

PREVIOUS LOCATION (IF LESS THAN 3 YEARS) _____

BANK REFERENCE

BANK NAME _____

CONTACT PERSON _____

ADDRESS _____

CITY, STATE, ZIP _____

VENDOR REFERENCES

THREE (3) FIRMS FROM WHOM PURCHASES HAVE BEEN MADE OR SERVICES RENDERED
ON AN OPEN ACCCOUNT BASIS.

PLEASE FILL OUT COMPLETELY, INCLUDING FAX NUMBERS, WHENEVER POSSIBLE

TEL _____

TEL _____

FAX _____

FAX _____

TEL _____

FAX _____

WE CERTIFY THAT ALL THE INFORMATION ON THIS FORM IS TRUE AND CORRECT
AND WE FULLY UNDERSTAND YOUR CREDIT TERMS OF 1% 10 - NET 30 DAYS AND
AGREE TO NET 30 DAY PAYMENT OF ALL INVOICES.

IN CONSIDERATION OF THE EXTENSION OF CREDIT THE UNDERSIGNED AGREES TO PAY
INVOICES ON A NET 30 DAY BASIS.

DATE _____

SIGNATURE _____

TITLE _____