



2001 Lisbon St. /P.O. Box 1375 – Lewiston, ME 04240  
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## CREDIT APPLICATION

Please fill in the required information below. Upon completion, save a copy of your completed Credit Application and email it to [receivables@butlerbros.com](mailto:receivables@butlerbros.com).

Date \_\_\_\_\_ Butler Sales Rep \_\_\_\_\_

Firm Name or Individual \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Shipping Address \_\_\_\_\_

Individually Owned \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

Dun's # \_\_\_\_\_

State/Year of Incorporation \_\_\_\_\_

Are you tax exempt: \_\_\_\_\_ Which State: \_\_\_\_\_

State Tax Exempt # \_\_\_\_\_

**(If you are tax exempt we need a copy of your certificate for auditing purposes)**

UPS Collect Number \_\_\_\_\_

Is this company a branch or division of another company?

Yes  No  If yes, Name & Address: \_\_\_\_\_

Are purchase orders required? Yes  No

Primary Contact: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Web Site: \_\_\_\_\_

### BANK REFERENCE

Form may be reproduced or faxed and is valid as original. We authorize the bank to provide account information.

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Account Officer \_\_\_\_\_

Checking Acct# \_\_\_\_\_

Authorized Signature \_\_\_\_\_

### TRADE REFERENCES

(Suppliers Only – please give at least three references)

Name \_\_\_\_\_  
Account # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Telephone # \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_  
Account # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Telephone # \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_  
Account # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Telephone # \_\_\_\_\_ Email \_\_\_\_\_

Butler Bros. will be relying upon the above information as a basis for extending credit and applicant hereby represents to Butler Bros that all of the information furnished above is true and correct as the date hereof. You are authorized to obtain from any references named above such further credit information as you may require concerning the information furnished in this application. The application and all information furnished by me or others on my behalf at your request in connection with application shall remain your property, whether or not credit is extended.

### PAYMENT TERMS

Payment is due in full within thirty (30) days of the date of invoicing. *Amounts not paid in full within thirty (30) days of invoicing are subject to interest at the rate of ONE AND ONE-HALF PERCENT (1.5%) per month.* Customer is responsible for Butler Brothers Supply Division's collection costs and attorneys fees with respect to all amounts not paid in full within thirty days of invoicing. Acceptance of goods or services shall be deemed to be acceptance of these terms. The applicant understands that if credit is approved, all sales are subject to these terms and conditions. Applicant hereby agrees to by making application for credit.

Firm Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

Owner, Officer, or Authorized Agent (signature)

Title: \_\_\_\_\_