



2001 Lisbon St. /P.O. Box 1375 – Lewiston, ME 04240
TEL: (207) 784-6875 FAX: (207) 786-8820

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**.

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: _____