



**CHARLES D. SHEEHY, INC.**

PIPE. VALVES. FITTINGS.

675 BODWELL ST. EXT.  
AVON, MA 02322  
www.charlesdsheehy.com

P. +1 508.583.7612  
F. +1 508.586.2312

**CREDIT APPLICATION**

Please fax to 508.586.2312

**BUSINESS CONTACT INFORMATION**

Company name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Officer Name: \_\_\_\_\_ Title: \_\_\_\_\_

Officer Name: \_\_\_\_\_ Title: \_\_\_\_\_

Officer Name: \_\_\_\_\_ Title: \_\_\_\_\_

Registered company address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Date business commenced: \_\_\_\_\_

Sole proprietorship  Partnership  Corporation  Other  \_\_\_\_\_

**BUSINESS AND CREDIT INFORMATION**

Primary business address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

How long at current address? \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Bank name: \_\_\_\_\_

Bank address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Type of account (check one) Account number

- Savings
- Checking
- Other (describe)

	_____
	_____



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A/P INFORMATION

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A/P Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

How would you like to receive invoices? MAIL  FAX  EMAIL

FAX NUMBER: \_\_\_\_\_ EMAIL \_\_\_\_\_@\_\_\_\_\_

How would you like to receive statements? MAIL  FAX  EMAIL

FAX NUMBER: \_\_\_\_\_ EMAIL \_\_\_\_\_@\_\_\_\_\_

**BUSINESS/TRADE REFERENCES**

1. Company name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

2. Company name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Company name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**AGREEMENT**

By submitting this application, you authorize Charles D. Sheehy, Inc. to make inquiries into the banking and business/trade references that you have supplied.

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

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