



Charles D. Sheehy, Inc.  
**CREDIT APPLICATION**

Please fax to 508.586.2312

**BUSINESS CONTACT INFORMATION**

Title:			
Company name:			
Phone:	Fax:	E-mail:	
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?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Type of account	Account number		
Savings			
Checking			
Other			

**BUSINESS/TRADE REFERENCES**

Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			

**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.

**SIGNATURES**

Title:	Title:
Date:	Date: