

Pyne Sand & Stone Co., Inc.  
One Lackey Dam Road  
Douglas, MA 01516

508-234-6400 - Phone  
508-234-7967 - Fax  
- PLEASE PRINT OR TYPE INFORMATION -

CREDIT APPLICATIONS

ACCT. NAME \_\_\_\_\_

Corp. \_\_\_\_\_ Trust \_\_\_\_\_ LLC \_\_\_\_\_  
Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_

Address \_\_\_\_\_  
City & Zip \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Telephone (Business) \_\_\_\_\_  
Fax Number \_\_\_\_\_  
Mobile \_\_\_\_\_  
Email \_\_\_\_\_

City & Zip \_\_\_\_\_  
Home \_\_\_\_\_  
Fed ID# / SS# \_\_\_\_\_  
Pager \_\_\_\_\_  
Other \_\_\_\_\_

PRINCIPALS/OFFICERS

President \_\_\_\_\_  
Clerk/Secretary \_\_\_\_\_  
Other \_\_\_\_\_

Treasurer \_\_\_\_\_  
Vice President \_\_\_\_\_  
Other \_\_\_\_\_

BANK REFERENCES

Checking Bank Name \_\_\_\_\_ Address \_\_\_\_\_ Phone# \_\_\_\_\_

SUPPLIER/COMMERCIAL REFERENCES

- 1. Name \_\_\_\_\_ Address \_\_\_\_\_ Fax # \_\_\_\_\_
- 2. Name \_\_\_\_\_ Address \_\_\_\_\_ Fax # \_\_\_\_\_
- 3. Name \_\_\_\_\_ Address \_\_\_\_\_ Fax # \_\_\_\_\_
- 4. Name \_\_\_\_\_ Address \_\_\_\_\_ Fax # \_\_\_\_\_

Amount of Credit Requested: \$ \_\_\_\_\_ Annual Sales: \$ \_\_\_\_\_

I hereby certify that all statements accompanying and contained in this application are true and made for the purposes of obtaining credit and in consideration of Pyne Sand & Stone Co., Inc. selling me or my agent(s), I agree to the following terms:

- (1) To pay the account in full within 30 days from the date of each invoice.
- (2) To pay service charge for late payments, computed at an annual rate of 18%.
- (3) If this account is placed in collections, I agree to pay all reasonable charges for collection, including attorney's fee.

EXECUTED AS A SEALED INSTRUMENT

Account Name \_\_\_\_\_

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

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

SIGNATURE MUST BE THAT OF A PRINCIPAL. If property is owned in joint names, all signatures required.

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