TOOMEY ASSOCIATES, INC.

"OUR MISSION IS TO PROVIDE ALL OF OUR CUSTOMERS WITH THE BEST PRODUCTS AND SERVICE AVAILABLE"

1100 Russell Road P.O. Box 577 Westfield, MA 01085-0577

Tel (800) 762-5192 or

(413) 562-5192

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Date: 09/21/2017

QA Approval: <u>LWD</u>

File name: CreditApp.xls

TOOMEY ASSOCIATES APPLICATION FOR CREDIT

Name of Firm or Individual:		
Billing Address :		Years at this address:
City:	State:	ZIP & (4)
Tel #	Fax #	<u> </u>
The above hereby applies for cred	lit in accordance with th Our credit terms are n	e terms and conditions of Toomey Assoc. Inc. eet 30 days
Prefered Billing Method: Mail	Fax	E-Mail:
Alternate Payment Options: VISA _	Master Card	American ExpressCOD
A/P Contact:		
E-Mail:		VIII 40 W
E-Mail:		
Business Bank:		Tel#
Address:		
Rank Officer:		D & B Rating

References: (3) trade references required (attachment acceptable for this section) #1 Business Name: Complete Address: City: _____ State: ____ Zip Code: _____ FAX #: _____ Tel #: #2 Business Name: Complete Address: City: _____ State: ____ Zip Code: _____ FAX#: _____ #3 Business Name: Complete Address: City: _____ State: ____ Zip Code: _____ Tel #: _____ FAX#: We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

Print Name:

Date: _____

Signed:

Title: