

DEDHAM
125 Commerce Way
Dedham, MA 02026
1-800-498-8120
FAX: 781-329-9943

FRAMINGHAM
34 Blandin Avenue
Framingham, MA 01702
508-620-8885
FAX: 508-875-4570

NASHUA
25 Pond Street
Nashua, NH 03061
1-800-875-1515
FAX: 603-882-2728



TAUNTON
15 Fifth Street
Taunton, MA 02780
508-821-9460
FAX: 508-821-9809

WATERTOWN
360 Pleasant Street
Watertown, MA 02472
1-800-560-6077
FAX: 1-617-926-2951

WOBURN
50 High Street
Woburn, MA 01801
1-800-540-9279
FAX: 781-933-6783

www.JomarDist.com

Accounting Office
PO Box 202, Watertown, MA 02471-0202
617-926-4556 800-560-6077 Fax 617-926-2951

APPLICATION FOR CREDIT

Co. Name: _____ Date: _____
Address: _____ Phone #: _____
Billing Address: _____ Fax #: _____
E-mail Address: _____ Years in Business: _____
Fed. ID or SS#: _____
Amt. Of Credit Line Desired \$ _____

Are you: (Circle One) Incorporated Partnership Sole Proprietor Trust
Other _____*

Sales Tax Status: Taxable Exempt (IMPORTANT! You must attach a Tax Exempt Form or you will be taxed)
Have you ever bought from our company before? Yes No; If yes, under what name? _____
How would you prefer to have your invoices & statements sent? Mail Fax Email
Billing fax or email (if different from above): _____
How did you hear about us? _____

NAMES OF PRIMARY OFFICERS OR OWNERS/PRINCIPLES

1. _____ 2. _____

CREDIT REFERENCES

1. Company: _____ Address: _____
Fax#: _____ or email: _____
2. Company: _____ Address: _____
Fax#: _____ or email: _____
3. Name: _____ Address: _____
Fax#: _____ or email: _____

BANK REFERENCES

Name/Contact Name	Branch/Address	Phone#	Account #
1. _____	_____	_____	_____
2. _____	_____	_____	_____

I/We hereby certify that the above information is correct and authorize you or your agent to investigate any data furnished by me for the duration of the credit relationship. I/We understand that your credit terms are Net 10th and any amount overdue is subject to a 1½ % service charge which I agree to pay if it so occurs. For and in consideration of Jomar Distributors Inc. extending credit at my request to the above listed company, I/We do hereby personally guaranty to Jomar Distributors Inc., the payment of any obligation of the company whenever the company shall fail to pay. Collection and/or legal charges will be assessed. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the company.

I/We hereby understand by signing this application I/we are allowing you to investigate information from any financial institution, bank or credit house that I/we may hold funds in for use by you in determining my credit status.

THIS FORM MUST BE SIGNED BY AN OFFICER OR OWNER

Signature(s): _____ Date: _____

(Please sign and return to our Watertown address, fax to 617-926-2951 or email bdonato@jomardist.com)