



4 Pequot Way Canton, Ma. 02021  
 (781) 828-1955 Fax (781) 828-3719

\*\*\*\*\* CREDIT APPLICATION \*\*\*\*\*  
 BUSINESS PROFILE

**Note: Credit not available for the purchase of radios.**

**Business Info**

Name of Business \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Shipping Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Fed ID# \_\_\_\_\_

Email address \_\_\_\_\_ Accounts Payable Contact \_\_\_\_\_

Sales Tax # (IF EXEMPT) \_\_\_\_\_ Enclose Certificate with this application

Type of Business (Elec, HVAC, Security, Elec. Supplier, Property/Maintenance) \_\_\_\_\_

Year Started \_\_\_\_\_ Proprietorship/Partnership/Corporation \_\_\_\_\_ State of Inc. \_\_\_\_\_

Ever filed for bankruptcy \_\_\_\_\_ If Yes, Where \_\_\_\_\_ Docket# \_\_\_\_\_

**Ownership Info**

1# Name _____	#3 Name _____
Position _____	Position _____
Address _____	Address _____
City _____ State _____	City _____ State _____
Zip _____ Phone _____	Zip _____ Phone _____
2# Name _____	#4 Name _____
Position _____	Position _____
Address _____	Address _____
City _____ State _____	City _____ State _____
Zip _____ Phone _____	Zip _____ Phone _____

**Trade References (3)**

Name \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Customer No. \_\_\_\_\_

**Trade Refs. Cont.**

Name \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_ Customer No. \_\_\_\_\_

Name \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_ Customer No. \_\_\_\_\_

**Bank Info**

Bank Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Account # \_\_\_\_\_ Account # \_\_\_\_\_

We hereby authorize our bank, named above, to release complete credit information to Easton Electronics, Inc. via fax. This includes depository accounts and any borrowing relationship we may have. This authorization shall remain in effect until written notice is received from an authorized signer.

**AGREEMENT TO ARBITRATE**

In consideration of the exchange of the promises of the parties to each other, the parties to this agreement agree as follows: Any dispute, claim, or controversy existing between the parties shall be submitted to arbitration as provided by the Mass General Laws, Chap 251. There shall be one arbitrator selected by agreement of the parties. The arbitrator shall appoint a time and place for the hearing. The arbitrator's expense, costs, and fees not including legal fees incurred in the conduct of the arbitration, shall be divided equally between the parties. The award shall be in writing and signed by the arbitrator. The award shall be made within (30) days of the close of the hearing, unless extended by all parties. The arbitrator shall deliver a copy of the award to each party personally or by certified or registered mail.

**AGREEMENT TO PAY ACCOUNT IN 30 DAYS**

I agree to pay my account in full within 30 days of the Invoice Date. I further agree to pay interest at the rate of 1.5% per month on all outstanding balances over 30 days. In the event this account is not paid in or within 30 days, I further agree to pay all charges for costs of collection including reasonable legal fees and costs incurred in the collection of this account.

**ACCOUNT HOLD POLICY**

I understand and accept that my account will be placed on hold if any invoices remain unpaid past 60 days of the invoice date. No material or services, warranty or non-warranty, will be provided or performed until all overdue invoices have been paid.

**MINIMUM ACTIVITY**

Easton Electronics reserves the right to monitor accounts for activity and adjust credit lines accordingly

**SOLE AGREEMENT**

This agreement between Easton Electronics, Inc. and the applicant listed on this agreement is the sole credit agreement. No other credit terms implied or otherwise are authorized without the signed written consent of an authorized Easton Electronics, Inc. employee.

Date \_\_\_\_\_ Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Name \_\_\_\_\_ Signature \_\_\_\_\_

I further agree to be personally liable for the debts incurred by the above mentioned company, corporation, or other entity.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Address \_\_\_\_\_

**NOTE: Original Document must be returned to us  
before a line of credit can be established.**