



P.O. Box 4628, Springfield, MA 01101-4628, 2220 Main Street, Springfield, MA 01104
Phone: 413-739-4797, 800-628-4452 Fax: 800-290-7715
E-Mail: info@allstonsupply.com

Customer Application

Date ____/____/____ Allston Sales Rep _____

Facility Name _____

Bill To Address: Street _____

City _____ State _____ Zip _____

Special Billing Instructions _____

Accounts Payable Contact _____

Phone (_____) _____ Fax (_____) _____

E-Mail Address _____

Ship To Address: Street _____

City _____ State _____ Zip _____

Special Shipping Instructions _____

Sales Contact _____ Number of Employees _____

Firm In Business Since _____ Type of Business _____

Trade References

Supplier _____ Telephone _____

Street _____ City _____ Zip _____

Contact Name _____

Supplier _____ Telephone _____

Street _____ City _____ Zip _____

Contact Name _____

Supplier _____ Telephone _____

Street _____ City _____ Zip _____

Contact Name _____

Banking

Bank Name _____

Officer _____ Telephone _____

Checking Account # _____ Loan Account # _____

Terms

Credit is extended only for 30 days from delivery of merchandise. Thereafter customer expressly agrees to pay interest at the rate of 1 ½% per month (18% APR) finance charge on the unpaid balance, together with all costs of collection including reasonable attorney's fees.

All Statements made herein are true and accurate to the best of my knowledge. I authorize Allston Supply to make any and all inquiries necessary for action on this application. I hereby indemnify Allston Supply and its agents, from any liability resulting from their credit survey.

Facility Name _____

Authorized Signature _____

Printed Name _____

Title _____ Date ____/____/____

Please Fax Completed 2-Page Application to 800-290-7715.
If Your Facility Has Tax Exempt Status, You Must Include A Copy of the
Appropriate Tax Exempt Certificate. Thank you.