



440 Chauncy Street Mansfield, MA 02048
Office: (508) 337-8900 Fax: (508) 337-8990

Application for New Account

Invoice To:	
Company Name:	_____
Attention:	_____
Address:	_____
City:	_____
State:	_____
Zip:	_____
Phone #:	_____
Email:	_____

Ship To: (If Different from Invoice To:)	
Company Name:	
Attention:	
Address:	
City:	
State:	
Zip:	
Phone #:	

General Business Information:	
Credit Line Request: (Check One)	<input type="checkbox"/> \$1,000 - \$5,000 / month <input type="checkbox"/> \$5,000 - \$10,000 / month <input type="checkbox"/> \$10,000 - \$15,000 / month
	Other Amount: \$_____ per month

Nature of Business:	_____	
Structure of Business:	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
Years in Business:	_____	
Year of Inc.:	_____	
State of Inc.:	_____	
Federal Tax ID#:	_____	
Information of Owner(s) or Authorized Officer(s) of Corporation:		
Name _____	Address _____	
Name _____	Address _____	
Name _____	Address _____	
Are Purchases to be Tax Exempt?	___ Yes* ___ No	* If answer to either is Yes, please fax a copy of your Tax Exempt or Resale Certificate to (508) 337-8990
Are Purchases to be for Resale?	___ Yes* ___ No	
Accounts Payable Contact	_____	
Accounts Payable Phone	_____	
Buyer Contact	_____	
Buyer Phone	_____	

References:

I/We/Our firm request(s) an open credit line with Bay State Envelope as a convenience in purchasing printed material. The references provided below may be contacted for the purpose of obtaining information relative to our firm. The information listed can be relied upon as complete, accurate, and truthful, to the best of my knowledge.

Bank Reference:

Bank Name:	_____
Bank Address:	_____
City:	_____
State:	_____
Zip:	_____
Phone Number:	_____
Fax Number:	_____
Checking Account Number:	_____
Loan Account Number:	_____

Business Credit References:

Name	Address	Phone #	Fax #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Agreement:

I/We, ___ Agree ___ Do Not Agree completely to the following: To pay Bay State Envelope within net 30-day terms. The corporation, the corporate officer (agent), agrees that Bay State Envelope shall be paid its necessary and responsible costs and expenses incurred including a reasonable attorney's fee due to litigation arising out of collection of any unpaid amounts owed by the customer. Customer agrees to pay to Bay State Envelope a late charge, in an amount equal to 1.5% per month of the total amount of any late payment.

