

L. GUERINI GROUP INC.
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APPLICATION FOR CREDIT

PLEASE COMPLETE BOTH PAGES AND RETURN TO OUR ACCOUNTING DEPT. FOR REVIEW. UPON RECEIPT OF REFERENCES, WE WILL NOTIFY YOU WITHIN TWO BUSINESS DAYS. THANK YOU.

COMPANY INFORMATION

NAME OF COMPANY: _____

ADDRESS: _____

BILLING ADDRESS: _____

PHONE: _____ FAX: _____ CONTACT: _____

TYPE OF OWNERSHIP: () CORPORATION () PARTNERSHIP () SOLE PROPRIETORSHIP () INDIVIDUAL

TYPE OF BUSINESS: _____ YEAR ESTABLISHED: _____ FID # _____

NAME OF OWNER/PRESIDENT: _____

HOME ADDRESS: _____

BANK REFERENCE

NAME OF INSTITUTION: _____ CONTACT: _____

ADDRESS: _____ TELEPHONE: _____

TRADE REFERENCES

1. NAME: _____ TELEPHONE: _____

ADDRESS: _____ FAX: _____

2. NAME: _____ TELEPHONE: _____

ADDRESS: _____ FAX: _____

3. NAME: _____ TELEPHONE: _____

ADDRESS: _____ FAX: _____

