William R. Proctor Inc. Proctor Landscape & Masonry Supply

P.O. Box 196 390 Electric Ave. Lunenburg, MA 01462 Phone (978) 343-4692 (978) 582-4764 Fax (978) 345-6317

Application for Credit

Name of Firm:			
City/Town:	State:	Zip Code:	
Tel. No:	Fax No:		
Nature of Business:	Date Busine	Date Business Established:	
Corporation: ()	Partnership: ()	Sole Proprietorship: ()	
Tax Exempt No:	(F	Please enclose copy of valid certificate)	
Names of Officers or Par	tners, Titles, Home Addresse	s, and Telephone Numbers	
1			
2.			
3.			
	:		
Accounts Payable Clerk:			
None	<u>Current Trade Ref</u>	3.	
Address:			
Tel.No:	Fax No:	Contact:	
Address:			
Tel.No:	Fax No:	Contact:	
Address:			
		Contact:	
W. TO CHARLEST THE CO.	SSN ANTARAN MATARANANA		

Bank Reference

Bank Name:	Contact:
Address:	
Tel No:	
IN CONSIDERATION OF THE CREDIT E) UNDERSIGNED HEARBY GUARANTEES INDEBTENDNESS INCURRED BY THE C	XTENDED TO THE ABOVE LISTED CORPORATION THE SAND AGREES TO BE PERSONALLY LIABLE FOR ALL CORPORATION
Signature of Officer	Witness
*	
Print or Type Name	Print or Type Name
Date	Date
FINANCE CHARGES OF 1 1/2 % MONTE FULL AMOUNT IS PAID, IF COLLECTED	ERMS ARE NET 15 DAYS FROM STATEMENT AND WE IF SUCH PAYMENT IS NOT MADE, WE AGREE TO PAY HLY (ANNUAL PERCENTAGE RATE OF 18%) UNTIL THE BY AN ATTORNEY, BY SUITOR OTHERWISE WE AGREE TO D ALL OTHER COSTS OF COLLECTION.
Signature	Witness
Print or Type Name	Print or Type Name
Date	Date
*If copy of Latest Financial Report i	s available please send copy with this Application
Cell phone	
e-mail address	

٠,