

ANDREW T. JOHNSON CO., INC.

15 Tremont Place
Boston, Massachusetts 02108

TELEPHONE: 617-742-1610

FAX: 617-523-0719

DATE: _____

SER. BY: _____

APPROVED (____)

NOT APPROVED (____)

CUSTOMER NOTIFIED: _____

- APPLICATION FOR CREDIT -

COMPANY: _____

ADDRESS: _____

Phone No.: (____) _____

Fax No.: (____) _____

• Is your address a permanent address?: YES (____) NO (____)

• Are invoices paid at above address?: YES (____) NO (____)

If NO, please indicate billing address: _____

Type of Business: _____

Date Established: _____

President: _____

Treasurer: _____

Accts. Pay. Mgr. _____

Purch. Agent: _____

Bank: _____

Account No.: _____

Do you use Purchase Orders?: YES (____) NO (____)

If office is *TEMPORARY* or a *FIELD OFFICE*, please indicate *HOME OFFICE* address and *CONTACT*:

Address: _____

Contact: _____

Are you a Massachusetts Corporation?: YES (____) NO (____)

Authorized Signature: _____

- OUR TERMS ARE NET 30 DAYS -

CREDIT REFERENCES:

NAME: _____

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

ADDRESS: _____

TEL. NO.: _____

TEL. NO.: _____

TEL. NO.: _____

CONTACT: _____

CONTACT: _____

CONTACT: _____