

Date \_\_\_\_\_

Salesman # W555

**Jack Moore Associates, Inc.**

250 Barber Avenue Worcester, MA 01606 (508) 853-3991 • Fax (508) 793-9864	151 Wayside Ave W Springfield, MA 01089 (413) 736-2609 • Fax (413) 736-5424
<b>Fax to: (508) 793-9864 / Signed original must be returned for credit to be approved</b>	

Company Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How Long in Business: \_\_\_\_\_ # of Employees: \_\_\_\_\_ Tax Number: \_\_\_\_\_

Corporation: \_\_\_\_\_ Partnership: \_\_\_\_\_ Individual: \_\_\_\_\_ Other: \_\_\_\_\_

Amount of Credit Applied For: \_\_\_\_\_

**Please include a copy of your Resale Certificate if you have Tax Exempt status**

**Type of Business (Select One Only)**

<input type="checkbox"/>	Bridge/Highway Construction
<input type="checkbox"/>	Carpentry
<input type="checkbox"/>	Door Installation
<input type="checkbox"/>	Drywall
<input type="checkbox"/>	Electrical Contractor
<input type="checkbox"/>	Environmental
<input type="checkbox"/>	Excavating
<input type="checkbox"/>	Fire Protection
<input type="checkbox"/>	General Contractor

<input type="checkbox"/>	Heating, Ventilation, A/C
<input type="checkbox"/>	Mechanical Contractor
<input type="checkbox"/>	Metal Fabrication
<input type="checkbox"/>	Plumbing Contractor
<input type="checkbox"/>	Residential Construction
<input type="checkbox"/>	Steel Erection
<input type="checkbox"/>	Stone & Masonry
<input type="checkbox"/>	Telecommunications
<input type="checkbox"/>	Other -

Accounts Payable Contact: \_\_\_\_\_

A/P email address: \_\_\_\_\_

A/P Phone (\_\_\_\_) \_\_\_\_\_ A/P Fax (\_\_\_\_) \_\_\_\_\_

Persons responsible for payment: \_\_\_\_\_

**Do You Require P.O. Numbers?**       **Yes**       **No**

**Do You Require A Statement ?**       **Yes**       **No**

Main Sales Contact: \_\_\_\_\_  
(or attach schedule showing person for each site and note here, "per attached schedule")

**TERMS AND CONDITIONS**

I understand that in addition to the references provided, Jack Moore Associates may use the services of a national credit reporting service to obtain a credit score on our business.

This account for Credit is based on the terms of Net 30. **Accounts past 70 days or exceeding the established line of credit will be placed on hold.** It is understood that a Service Charge will be charged on all past due accounts figured at 1 1/2% monthly (18% Annual Percentage Rate). In the event the account is placed for collection, all attorney fees and costs extended to effect collection, shall be paid by the applicant. In accordance with the 2003 FCC Privacy Act, we authorize Jack Moore Associates, Inc. to contact us by mail, fax, phone, email, or other means, to notify us of overdue accounts, special promotions or other information deemed necessary or useful for our organization.



Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**PAGES 1 AND 3 MUST BE SIGNED BEFORE APPLICATION CAN BE PROCESSED**

## Trade References

Non-acceptable references: Sub-contractors, Leasing companies, Utilities

Please provide Account number and Fax number or email address

1) Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
Account #: \_\_\_\_\_ Contact: \_\_\_\_\_  
Email address: \_\_\_\_\_

2) Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
Account #: \_\_\_\_\_ Contact: \_\_\_\_\_  
Email address: \_\_\_\_\_

3) Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
Account #: \_\_\_\_\_ Contact: \_\_\_\_\_  
Email address: \_\_\_\_\_

4) Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
Account #: \_\_\_\_\_ Contact: \_\_\_\_\_  
Email address: \_\_\_\_\_

# Bank Credit Information Authorization Form

The following information must be completed for your bank to release information.

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_

Account numbers below are optional

Checking Account #: \_\_\_\_\_

Savings Account #: \_\_\_\_\_

Credit Line Account #: \_\_\_\_\_

Date: \_\_\_\_\_

I hereby give my authorization to the bank noted above to release any credit information that may be needed in order to establish an open account at Jack Moore Associates, Inc.

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Federal ID Number or Tax ID Number: \_\_\_\_\_

**YOU MUST SIGN HERE**

Authorized Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

**Please respond to:**

**JACK MOORE ASSOCIATES, INC. • 250 BARBER AVENUE • WORCESTER, MA 01606**

**Tel. (508) 853-3991 • Fax (508) 853-3548**

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