

BUSINESS CREDIT APPLICATION

Boston International, Inc.
89 October Hill Rd.
Holliston, MA 01746
508 893 0880 Attn: Credit

To Expedite Credit Approval
Please fax this form to:
508 893 0881
WWW.BostonInternational.com

Company Name	Type of Business	Phone Number	Fax Number
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Billing Address	Shipping Address
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City	State	Zip	City	State	Zip
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Type of ownership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietor	Years in Business	_____
	<input type="checkbox"/> Government	<input type="checkbox"/> Non Profit		Tax Exempt? <input type="checkbox"/> Y <input type="checkbox"/> N	
					if yes, include resale certificate

Parent Company Names (If different than above):	Tax ID Number
_____	_____

Address	Fax Number
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City	State	Zip
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Bank References

1. _____
Name Phone Fax
Account Number
Contact: _____

2. _____
Name Phone Fax
Account Number
Contact: _____

Open Account References

1. _____
Name Phone Fax

Address	City	State	Zip
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2. _____
Name Phone Fax

Address	City	State	Zip
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3. _____
Name Phone Fax

Address	City	State	Zip
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Authorized Signature: _____ Date: _____

Print Name: _____ Title: _____