



MEDEIROS & SONS' CONSTRUCTION, INC.

620 Chase Road

Dartmouth MA 02747

COMMERCIAL CREDIT APPLICATION

Company Name: _____ Sole Proprietorship _____
Partnership _____
Corporation _____
Address: _____ (state of) _____
Other _____
(indicate type of entity) _____
City: _____ State: _____ Zip: _____
Phone #: _____ Fax #: _____

Email Address: _____

Accounts Payable Address: _____

Accounts Payable Email Address: _____

Accounts Payable Contact: _____ Phone #: _____

NOTE

We are changing our invoicing policies please read below and indicate preferences, thank you.

Invoicing will primarily be done on a weekly or monthly basis. Delivery of invoices can be emailed or via US Postal Service.

If preference is daily, invoicing must be delivered via email.

Frequency of Invoicing:

Daily (email only) ☐ Weekly ☐ Monthly ☐

Invoice Delivery:

email ☐ US Postal Service ☐

PLEASE MAKE SURE ABOVE ACCOUNTS PAYABLE CONTACT, PHONE NUMBER, ADDRESS
AND EMAIL ADDRESS INFORMATION IS CORRECT

No. Years In Business Under Above Name: _____

No. Years At Above Location: _____



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COMMERCIAL CREDIT APPLICATION, Cont.

Company Name: _____

OWNERSHIP

Name of Owner or Officer _____ Title: _____
Phone #: _____

Home Address: _____

Name of Owner or Officer _____ Title: _____
Phone #: _____

Home Address: _____

Name of Owner or Officer _____ Title: _____
Phone #: _____

Home Address: _____

Payment Personally Guaranteed

(Signature Required for Sole Proprietorships, Partnerships and some Other types of entities)

By: _____ Title: _____

Name: _____ Phone #: _____
(print name)



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COMMERCIAL CREDIT APPLICATION, Cont.

Company Name: _____

TRADE REFERENCES

Company Name: _____ Phone #: _____

Address: _____ Fax #: _____

Email Address: _____

Company Name: _____ Phone #: _____

Address: _____ Fax #: _____

Email Address: _____

Company Name: _____ Phone #: _____

Address: _____ Fax #: _____

Email Address: _____

BANK REFERENCE: Name: _____ Phone #: _____

Address: _____ Contact: _____



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COMMERCIAL CREDIT APPLICATION, Cont.

Company Name: _____

APPLICATIONS MUST BE COMPLETED IN FULL. ALL INFORMATION REQUIRED, INCOMPLETE APPLICATIONS WILL BE RETURNED UNPROCESSED. THANK YOU FOR YOUR TIME AND CONSIDERATION.

All statements made herein are true and accurate to the best of our knowledge. We authorize the above company to make any and all inquiries necessary for action on this credit application. We hereby indemnify the above company and its agents, from any liability resulting from their credit survey.

By: _____
Authorized Signature Required

Title: _____

Name: _____
(print name)

Date: _____

We are updating all tax exempt accounts, if company is tax exempt an updated tax exempt certificate MUST be returned with this form, for example an ST-4 or ST-12 etc. Please remember to check off blanket certificate, sign and date. If proper forms are not received your account will have MA sales tax added onto all material purchases.

If you are a company working for a tax exempt organization and/or job, proper signed tax exempt forms, (example ST-5, ST-5C etc.) must be sent in prior or at time of purchase.

SALES TAX WILL NOT BE REMOVED FROM ANY PURCHASES OR SALES RECEIPTS UNLESS TAX EXEMPT FORMS ARE RECEIVED PRIOR TO OR WITH IN A WEEK OF PURCHASE, NO EXCEPTIONS YOU WILL BE RESPONSIBLE TO OBTAIN ANY CREDIT FROM THE STATE OF MASSACHUSETTS.

UPDATE REQUEST MUST BE COMPLETED IN FULL. ALL INFORMATION REQUIRED.
THANK YOU FOR YOUR TIME AND CONSIDERATION.

**Please distribute enclosed flyers to all drivers and/or employees that may visit our facility,
thank you for your time and consideration.**