



BOSTON SHOWCASE COMPANY

Specialists in foodservice design, equipment, and supplies

APPLICATION FOR CREDIT

BUSINESS NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE () _____ FAX () _____

YEARS IN BUSINESS _____

BILLING ADDRESS _____

BANK REFERENCE:

NAME _____ CONTACT _____

ADDRESS _____ PHONE () _____

TRADE REFERENCES

NAME _____

ADDRESS _____

CONTACT _____ PHONE () _____

NAME _____

ADDRESS _____

CONTACT _____ PHONE () _____

I HEREBY AFFIRM THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I AGREE TO ALL BILLS WHEN DUE, INCLUDING REASONABLE COLLECTION AND ATTORNEY'S FEE, IF COLLECTION ACTION IS REQUIRED.

SIGNATURE _____ PRINT NAME _____

TITLE _____ DATE _____