Credit Application

*** *Please Print Clearly* ***

Return This Application To:
Braun's Express, Inc.
10 Tandem Way
Hopedale, MA 01747
Phone: (508) 473-8405
Email: ar@braunsexpress.com

Company Name: _____

Street Address: _____

City, State, ZIP Code: _____

Phone: _____ Fax: _____

Type of Ownership: ☐ Corporation ☐ Partnership ☐ Sole Proprietorship

Principle Owners' Names: _____

Application for credit is made and the following references are given. It is understood that this information will be held in the strictest confidence and used only by your Credit Department.

CHECKING ACCOUNT

Bank Name: _____
Street Address: _____
City, State, ZIP Code: _____
Phone: _____ Fax: _____
Account Number: _____

SAVINGS ACCOUNT

Bank Name: _____
Street Address: _____
City, State, ZIP Code: _____
Phone: _____ Fax: _____
Account Number: _____

CREDIT REFERENCES

Account Number (If Applicable): _____
Name: _____
Street Address: _____
City, State, ZIP Code: _____
Phone: _____ Fax: _____

Account Number (If Applicable): _____
Name: _____
Street Address: _____
City, State, ZIP Code: _____
Phone: _____ Fax: _____

Account Number (If Applicable): _____
Name: _____
Street Address: _____
City, State, ZIP Code: _____
Phone: _____ Fax: _____

Account Number (If Applicable): _____
Name: _____
Street Address: _____
City, State, ZIP Code: _____
Phone: _____ Fax: _____

CREDIT TERMS: NET 30 DAYS

I/We understand the above Credit Terms and agree to comply with these terms. If I/We fail to comply with the above terms, I/We agree to pay all costs of collection of my account balance, including attorney's fees and court expenses.

Signature: _____ Title: _____ Date: _____

FOR CREDIT DEPARTMENT USE ONLY

☐ Credit Refused Reason for Refusal: _____

☐ Credit Approved Credit Limit: _____

Customer Code: _____ Signature: _____ Date: _____