

# ANDREW T. JOHNSON CO., INC.

15 Tremont Place  
Boston, Massachusetts 02108

TELEPHONE: 617-742-1610

FAX: 617-523-0719

DATE: \_\_\_\_\_

SER. BY: \_\_\_\_\_

APPROVED ( \_\_\_\_ )

NOT APPROVED ( \_\_\_\_ )

CUSTOMER NOTIFIED: \_\_\_\_\_

## - APPLICATION FOR CREDIT -

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Phone No.: ( \_\_\_\_ ) \_\_\_\_\_

Fax No.: ( \_\_\_\_ ) \_\_\_\_\_

• Is your address a permanent address?: YES ( \_\_\_\_ ) NO ( \_\_\_\_ )

• Are invoices paid at above address?: YES ( \_\_\_\_ ) NO ( \_\_\_\_ )

If NO, please indicate billing address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

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

President: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Accts. Pay. Mgr. \_\_\_\_\_

Purch. Agent: \_\_\_\_\_

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

Account No.: \_\_\_\_\_

Do you use Purchase Orders?: YES ( \_\_\_\_ ) NO ( \_\_\_\_ )

If office is *TEMPORARY* or a *FIELD OFFICE*, please indicate *HOME OFFICE* address and *CONTACT*:

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

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

Are you a Massachusetts Corporation?: YES ( \_\_\_\_ ) NO ( \_\_\_\_ )

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

- OUR TERMS ARE NET 30 DAYS -

### CREDIT REFERENCES:

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TEL. NO.: \_\_\_\_\_

TEL. NO.: \_\_\_\_\_

TEL. NO.: \_\_\_\_\_

CONTACT: \_\_\_\_\_

CONTACT: \_\_\_\_\_

CONTACT: \_\_\_\_\_