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JANITORIAL EQUIPMENT & SUPPLIES • PAPER & PLASTIC PRODUCTS • CLEANING & ENGINEERING CHEMICALS

CREDIT APPLICATION

Company Name _____

Mailing Address _____

City & State/Province _____ ZIP/Postal Code _____

Telephone Number _____ Fax Number _____

Is a purchase order required? Yes No Comments: _____

Persons authorized to purchase _____

Accounts payable supervisor _____

Tax exempt number (where applicable) _____ (Please attach a copy of certificate)

Check one: Corporation Partnership Other: _____

Federal ID Number _____

Desired line of credit for 30-day period _____

Type of business _____ Years in business _____

E-mail address: _____ Would you like to order online? Yes No

Credit References			
Business Name	Address	Phone Number	Account Number

Bank References			
Bank Name	Address	Phone Number	Account Number

Shipping Information

Ship to # _____

Name _____ Phone _____

Street _____ City _____

State _____ ZIP Code _____

Special Shipping Instructions (Or attach instructions) _____

Method of Payment: Visa, Mastercard or American Express (Circle One)

Account Number _____

Terms are NET 30. Balances past 30 days are subject to a finance charge, if applicable. Returned goods are subject to a restocking charge. The applicant is responsible for any collection and legal fees incurred in collection of the account. Signature on this form acknowledges acceptance of our terms.

Signature _____

Print Name _____ Title _____

Please return this form or fax to the address above.