



BRS INC.,
1453 PLYMOUTH STREET
BRIDGEWATER, MA 02324
PH: 508-697-5448
FAX: 508-697-8182

CREDIT APPLICATION

APPLICANT INFORMATION

Business Name: _____

Owner Name(s): _____

Phone Number(s): _____

Fax Number: _____

E-mail Address: _____

Business Physical Address (P.O. Box not accepted): _____

Street	Town	Zip Code
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Billing Address if different (P.O. Box accepted): _____

Street	Town	Zip Code
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Type of Business: _____

APPLICANT HISTORY AND REFERENCES

Number of years in business: _____ **Have you ever filed bankruptcy?** _____

If yes, please explain: _____

Below please list three Massachusetts references, each of which have been in business for at least two years.

1. Reference: _____

Address: _____

Phone Number: _____

2. Reference: _____

Address: _____

Phone Number: _____

3. Reference: _____

Address: _____

Phone Number: _____



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We authorize B.R.S. Inc., to contact the above references, by executing the attached authorization.

SIGNATURE: _____
DULY AUTHORIZED

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DULY AUTHORIZED

TAX IDENTIFICATION

Federal Tax ID Number: _____

*NOTE: If you are tax exempt please enclose certificate with application

Tax exempt form enclosed: YES _____ NO _____

ACCOUNT AUTHORIZATION

Please supply a list of people authorized to sign tickets:

SPECIAL INSTRUCTIONS / ACCOUNT REQUESTS

Requests and special account instructions you would like noted on your account:



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GUARANTEE

FOR VALUABLE CONSIDERATION, I _____

PERSONALLY, GUARANTEE THAT ALL BILLS / INVOICES / EXPENSES / FEES / INTEREST/
COLLECTION COSTS / CHARGES OF BRS INC. WILL BE PAID IN FULL WHEN SUBMITTED.

EXECUTED AS A SEALED INSTRUMENT THIS _____ DAY OF _____ 2020.

SIGNED-

SIGNATURE TITLE

PERSONAL ADDRESS-

STREET ADDRESS

TOWN STATE ZIP CODE

B.R.S. INC. AUTHORIZED PERSONNEL

SIGNATURE REQUIRED-

CREDIT APPLICATION - APPROVED BY: _____ DECLINED BY: _____

DATE REVIEWED- _____