



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

SIGNATURE: _____
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 TICKETS / INVOICES / EXPENSES 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- _____



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B.R.S. Inc. Online Portal

WOULD LIKE ACCESS _____ NOT INTERESTED _____

We value the Privacy and Security of your account and documentation therein. We ask that you please provide the following information at which time a link and password will be sent to access your login account. Your account password can be changed once logged in. If at any time you would like access terminated due to unforeseen reasons and or you feel that your account has been compromised, we can immediately deny access and reset your account login upon your request.

BUSINESS OWNER OR ADMINISTRATOR

EMAIL THAT YOU WOULD LIKE ASSOCIATED WITH ACCOUNT LOGIN:

EMAIL: _____

SIGNED AGREEMENT:

I _____ (OWNER / ADMINISTRATOR NAME) **FOR BUSINESS ACCOUNT**
_____ (BUSINESS NAME) **ACKNOWLEDGE THAT THE EMAIL LISTED ABOVE WILL RECEIVE LINKED PASSWORD ACCESS TO THE ACCOUNT HELD AT B.R.S. INC. INCLUDING BUT NOT LIMITED TO - TICKETS, REPORTS AND COSTS ASSOCIATED.**

SIGNATURE: _____

TITLE: _____

DATE SIGNED: _____

If at any time you have questions and or concerns, please do not hesitate and contact us!