



BRS Inc.
1453 Plymouth St.
Bridgewater, MA 02324
PH: 508-697-5448
FAX: 508-697-8182
WWW.BRSANDSTONE.COM

CREDIT APPLICATION

APPLICANT INFORMATION

Business Name: _____

Owner Name(s): _____

Phone Number(s): _____

Fax Number: _____

Owner or Administrator 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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Billing E-mail Address: _____

Type of Business: _____

APPLICANT HISTORY AND REFERENCES

Number of Years in Business: _____ **Have You Ever Filed Bankruptcy:** _____

If Yes, Please Explain: _____

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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GUARANTEE

For Valuable Consideration, I _____ (OWNER/ADMINISTRATOR NAME)

Guarantee That All Tickets/Invoices/Expenses Associated with _____ (BUSINESS NAME)

at BRS Inc. Will Be Paid in Full.

Executed as a Sealed Instrument This _____ Day of _____ 20 _____.

Signed- _____
Signature Title

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.

E-mail and Name That You Would Like Associated with Account Login:

E-mail: _____

Full Name: _____

Signed Agreement:

I _____ **(OWNER / ADMINISTRATOR NAME) For Business Account**

_____ **(BUSINESS NAME) Acknowledge That the Email Listed 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!