

Credit Application



Date: _____

Company Name: _____ Year at Present Location: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone No.: _____ Fax No.: _____

Contact: _____ Title: _____

Bank Information

Bank: _____ Account Number: _____

Contact: _____ Phone: _____ Fax: _____

Trade References

Company Name: _____ Account Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact: _____ Phone: _____ Fax: _____

.....

Company Name: _____ Account Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact: _____ Phone: _____ Fax: _____

.....

Company Name: _____ Account Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact: _____ Phone: _____ Fax: _____



The Paint Project
71 West Street • Medfield, MA 02052
(508) 359-8003 • contact@paintproject.com

paintproject.com.com

Credit Waiver



In effort to obtain open account terms with The Paint Project, LLC. I _____,
acting as agent for _____, allow The Paint Project, LLC. to obtain relevant
credit history information from my bank and trade references.

Signature

Date

Print Name

Title



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