N.H.BRAGG & SONS
92 PERRY RD PO BOX 927
BANGOR, ME 04402-0927
207-947-8611 FAX: 207-947-5641
www.nhbragg.com

NH BRAGG INDUSTRIAL SUPPLIES & SOLUTIONS SINCE 1854

N.H.BRAGG & SONS
17 PATRICK DRIVE, SUITE 1
WESTBROOK, ME 04092
207-854-1115 FAX: 207-854-1119
www.nhbragg.com

CREDIT APPLICATION

Trade Name: Date:

BILL TO ADDRESS

Mailing Address:_____

_____

City:_____State:_____Zip:_____

SHIP TO ADDRESS

Street Address: _____

_____

City:_____State:_____Zip:_____

ACCOUNTS PAYABLE

Contact:_____

Telephone: _____Cell Phone:_____

Please check if you want us to ☐ fax invoices ☐ email invoices

Fax: _____

E-Mail: _____

PURCHASING

Contact:_____

Telephone: _____Cell Phone:_____

Job Location if Applicable:_____

Fax: _____

E-Mail: _____

Type of Business *(check one)* Individual ☐ Partnership ☐ Corporation ☐ Limited Liability Company ☐ Other ☐

Taxpayer Identification Number:_____D-U-N-S Number:_____SIC Code:_____

Number of years in business: _____check here if less than one year ☐ Date business started: _____ # of Employees:_____

Tax Status: Taxable ☐ Non-Taxable ☐ Tax Number:_____Business Description:_____

Please submit exemption certificate if tax exempt.

Monthly Credit Requested: $ PO Required: Yes ☐ No ☐ Statement Required: Yes ☐ No ☐

OWNERS or OFFICERS

Name:_____Title:_____SS#/Fed ID #:_____Telephone:_____

Name:_____Title:_____SS#/Fed ID #:_____Telephone:_____

BANK INFORMATION

Bank Used:_____Address:_____Telephone:_____

TRADE REFERENCES

Company Name: _____

Account Number: _____

Address:_____

City:_____State:_____ Zip: _____

Telephone:_____Fax: _____

TRADE REFERENCES

Company Name: _____

Account Number: _____

Address:_____

City:_____State:_____ Zip: _____

Telephone:_____Fax: _____

Company Name: _____

Account Number: _____

Address:_____

City:_____State:_____ Zip: _____

Telephone:_____Fax: _____

Company Name: _____

Account Number: _____

Address:_____

City:_____State:_____ Zip: _____

Telephone:_____Fax: _____

I/we certify the above information is true and correct. NH Bragg may check the information I/we have given or any other creditor or credit reporting agency necessary to establish my/our credit status. I/we also agree that NH Bragg may give other creditors and credit reporting agencies information regarding the company's experience with me/us on this account.

I/we understand that this account is due, in U.S. dollars, in accordance with the terms stated on the invoice. I/we agree to pay this account within terms or to pay interest on past due amounts at a rate of 18% per annum or 1-1/2% per month.

I/we further agree to pay any charges incurred in the collection of this account, to include but not limited to, reasonable attorney fees, collection agency fees, filing costs and servicing fees.

Signed: _____Title: _____Date: _____

(Full name of authorized representative) (Owner, manager, etc.)

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