

BRIGHAM

CREDIT APPLICATIONS

Please fill out and mail or fax application to:
C.T. Brigham Co., Inc., 1561 East Street, Pittsfield, MA 01201
FAX 413-499-2495

Regular 30 Day Account

TRADE NAME: _____

TRADE ADDRESS: _____ City, State, Zip: _____

Phone: _____ Fax: _____

Owner/s or Corporate Financial Officer: _____

Mailing Address: _____ City, State, Zip: _____

Bookkeeper: _____ Purchaser: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

BANK: _____

Checking Account Number: _____

Mailing Address: _____ City, State, Zip: _____

TRADE REFERENCES:

Name: _____ Name: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Phone: _____ Fax: _____ Phone: _____ Fax: _____

SIGNATURE

The undersigned acknowledges our terms, which are as follows: 1% 15 days, Net 30 days from date of invoice. Orders will not be shipped on accounts with past due amounts.

Signature: _____

Date: _____

In consideration of C.T. Brigham Company supplying goods and merchandise to _____, the undersigned personally guarantees payment for all goods supplied by C.T. Brigham Company.

Signature _____

Would you like us to setup an On-Line Ordering account for you? _____

Credit Card Account

TRADE NAME: _____

TRADE ADDRESS: _____ City, State, Zip: _____

Phone: _____ Fax: _____

Owner/s or Corporate Financial Officer: _____

Mailing Address: _____

City, State, Zip: _____

Bookkeeper: _____ Purchaser: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

Credit Card Type: _____

Credit Card Number: _____

CVV Number: _____

Name and Address on Card if Different from Above:

SIGNATURE _____