



**Mathewson Companies Pit**  
 80 Sharon Road ~ Peterborough NH 03458  
 P (603) 525-3549 F (603) 525-3847

Hours of Operation: MONDAY – FRIDAY 7:00AM TO 4:00PM

**Information about your business**

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Owner/Manager: \_\_\_\_\_ Contact person: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_  
 # Years in Business: \_\_\_\_\_ Accounts Payable Clerk: \_\_\_\_\_

**Trade References**

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Type of business: \_\_\_\_\_

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 Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Type of business: \_\_\_\_\_

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 Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Type of business: \_\_\_\_\_

**Bank References**

Institution Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Type of account: \_\_\_\_\_ Contact Person: \_\_\_\_\_

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 Institution Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Type of account: \_\_\_\_\_ Contact Person: \_\_\_\_\_

I authorize The Mathewson Companies to contact any reference listed above. If this application is accepted and credit is granted, the purchaser agrees to pay the seller under the following conditions:

- Charges will be billed once per week.
- The terms of payment are Net 30 with full payment due by the 30<sup>th</sup> day.
- Accounts not kept current are subject to being revoked or placed on C.O.D. status at the sole discretion of The Mathewson Companies. Additionally, accounts over 30 days are subject to 1.5% per month finance charge, also at the sole discretion of The Mathewson Companies.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Amount of credit being requested: \$ \_\_\_\_\_

FOR OFFICE USE ONLY: Date approved: \_\_\_/\_\_\_/\_\_\_ Credit limit: \$ \_\_\_\_\_ Approved by: \_\_\_\_\_