



**Barry T. Chouinard, Inc.**

Phone: 800-545-6366  
Sales Fax: 802-485-6609

P.O. Box 230  
127 N. Main Street  
Northfield, VT 05663

e-mail: [barryc@dyehouse.com](mailto:barryc@dyehouse.com)

New Account

# Credit Application

**802-485-8598 Fax-Accounting**

The undersigned company is applying for credit with Barry T. Chouinard, Inc. and agrees to abide by the standard terms and conditions of Barry T. Chouinard, Inc. as herein stated.

**PLEASE TYPE OR PRINT CLEARLY**

Company Name: \_\_\_\_\_  
DBA (if different): \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Federal Tax ID or Social Security Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Accounting Contact: \_\_\_\_\_  
Date Business Established: \_\_\_\_\_ Accounting Telephone: \_\_\_\_\_

**ARE YOU A:**

CORPORATION State of Incorporation and Year of Incorporation: \_\_\_\_\_

Names, Titles, and Addresses of Your Three Chief Corporate Officers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Address of Your Resident Agent:

\_\_\_\_\_  
\_\_\_\_\_

PARTNERSHIP

Names and Addresses of the Partners:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SOLE PROPRIETORSHIP

Name and Address of the Owner:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARE YOU SALES TAX EXEMPT?**  Yes  No Re-Sale Number: \_\_\_\_\_

Have You Ever Had Credit With Us Before?  Yes  No

If Yes, Under What Name? \_\_\_\_\_

**Authorized Purchasers:** \_\_\_\_\_

\_\_\_\_\_

**Purchase Order Required?**  Yes  No

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**TRADE REFERENCES**

REFERENCE #1 Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ (required)

REFERENCE #2 Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ (required)

REFERENCE #3 Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ (required)

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**BANK REFERENCES**

BANK #1 Account #: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Name of Bank: \_\_\_\_\_  
Address: \_\_\_\_\_

BANK #2 Account #: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Name of Bank: \_\_\_\_\_  
Address: \_\_\_\_\_

I represent that the above information is true and is given to induce Barry T. Chouinard, Inc. to extend credit to the applicant. My company and I authorize Barry T. Chouinard, Inc. to make such credit investigation as Barry T. Chouinard, Inc. sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose to Barry T. Chouinard, Inc. any and all information concerning the financial and credit history of my company and myself.

I have read the terms and conditions stated below and agree to all of these terms and conditions.

Authorized signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

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**GENERAL TERMS AND CONDITIONS**

1. Bills are sent on the day the merchandise is shipped and become due and payable 30 days from date of such invoice, unless otherwise specified on the invoice. Terms are net 30.
2. All bills if not paid by the due date are considered past due.
3. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department.
4. Should it become necessary to place your account into collection then you agree to pay all cost incurred to include attorneys fees.