



Submit via fax, 8 Railroad Avenue
mail or email: Bedford, MA 01730
Telephone: (781) 275-9290
Fax: (781) 275-8404
emilylloyd@taylorandlloyd.com

Credit Application

(check all that apply)

Application for: Parts Service P.O. Required: Yes No Federal ID: _____

Company Name: _____ Telephone: _____ Fax: _____

Company Address: (No P.O Box) _____

City/Town: _____ State: _____ Zip: _____

Email for accounting: _____ Name of Contact: _____

Years in Business: _____ Annual Sales: _____ Anticipated Annual Purchases: \$ _____

Principal's Name: _____ Social Security No.: _____

Principal's Address: _____

City/Town: _____ State: _____ Zip: _____

Principal's Telephone: _____ Fax: _____ Email: _____

Banking: (Attach any Additional Information)

Bank Name: _____ Account No. _____

City/Town: _____ State: _____ Zip: _____

Bank Telephone: _____ Fax: _____ Email: _____

*I Authorize _____ to provide Taylor and Lloyd, Inc. with my account information.
(Name of Bank)

Signature of Principal: _____ Date: _____

Trade References: (Attach any Additional Information)

Name: _____ Telephone: _____ Fax: _____

Name: _____ Telephone: _____ Fax: _____

Name: _____ Telephone: _____ Fax: _____

Name: _____ Telephone: _____ Fax: _____

**This application is drawn with the understanding and agreement,
that all invoices are due and payable within 30 days of receipt of said invoices.**

Signature of Principal _____ Date: _____

*****For Internal Use Only****

Account Number: Approved by: _____ Credit Limit: Date: _____