



34 Lexington Street, P.O. Box 1638 · Lewiston, ME 04241-1638 · (207) 784-1571 FAX (207) 784-8189

General Information

Account Name: _____

Billing Address: _____

City, State, Zip: _____

Phone Number: _____ Fax Number: _____

Person to Contact (for accounting questions): _____

Person to Contact (for purchasing questions): _____

Ship-To Address (if different from above): _____

Type of Business: _____ How Long in Business: _____

Estimated Monthly Purchases: \$ _____ E-Mail Address: _____

Check Where Appropriate:

Purchase order required for each job.

Proprietorship Corporation Partnership Other

SIC#: _____

Tax Exmpt # (if applicable): _____

Please attach copy of exempt certificate

Other Instructions: _____

Credit References

Bank Reference: _____ Account #: _____

Bank Officer to Contact: _____ Telephone #: _____

1) Company: _____ Phone: () _____ Account #: _____
NOT A POWER OR PHONE COMPANY, PLEASE

2) Company: _____ Phone: () _____ Account #: _____
NOT A POWER OR PHONE COMPANY, PLEASE

3) Company: _____ Phone: () _____ Account #: _____
NOT A POWER OR PHONE COMPANY, PLEASE

Terms: In opening this account, I understand that full payment of each invoice is due within 30 days of the invoice date, and that overdue accounts will be assessed a LATE CHARGE of 1 1/2 % per month (18% annual rate). In a case of default on payment, the purchaser agrees to pay all collection costs, including reasonable attorney's fees. A delinquent account will cause credit to be suspended.

I (We) authorize Banks, Credit Unions and other credit references to release information to SPILLER'S concerning credit history.

Signature: _____ Date: _____

Please Print Name: _____ Title: _____