

**MICROS NORTHEAST**

**329 Washington St. - Woburn, Ma 01801  
Phone: (781) 935-1456 - FAX: (781) 933-8864**

**CONFIDENTIAL CREDIT  
APPLICATION**

|   |
|---|
| TERMS REQUESTED   |
| <input type="checkbox"/> COD Company Check                                    |
| <input type="checkbox"/> Net 15 <input type="checkbox"/> Net 30               |
| TYPE OF ORGANIZATION:   |
| <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Corporate    State of: _____                         |
| DUNS #: _____   |
| D&B Listing: _____  |
| Year Business Established: _____  |
| Sales Representative: _____   |

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ FAX #: \_\_\_\_\_  
 Type Of Business: \_\_\_\_\_  
 Accounts Payable Contact: \_\_\_\_\_  
 Purchasing Agent Contact: \_\_\_\_\_ Annual Sales Volume: \$ \_\_\_\_\_  
 If branch or division, location of home office: \_\_\_\_\_

|               |                       |                           |
|---------------|-----------------------|---------------------------|
| Officers Name | Officers Home Address | Officers Home Telephone # |
|---------------|-----------------------|---------------------------|

President: \_\_\_\_\_  
 Vice President: \_\_\_\_\_  
 Contoller: \_\_\_\_\_

**TRADE REFERENCES:** (please enter all information)

- Name: \_\_\_\_\_ Business Type: \_\_\_\_\_ Payment Terms: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zipcode: \_\_\_\_\_ Telephone: \_\_\_\_\_ Account #: \_\_\_\_\_ Contact: \_\_\_\_\_
- Name: \_\_\_\_\_ Business Type: \_\_\_\_\_ Payment Terms: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zipcode \_\_\_\_\_ Telephone: \_\_\_\_\_ Account #: \_\_\_\_\_ Contact: \_\_\_\_\_
- Name: \_\_\_\_\_ Business Type: \_\_\_\_\_ Payment Terms: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zipcode \_\_\_\_\_ Telephone: \_\_\_\_\_ Account #: \_\_\_\_\_ Contact: \_\_\_\_\_

**BANK INFORMATION:** (please enter all information)

Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
 Account Type:    checking:     savings:     other:  \_\_\_\_\_ Telephone: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_ Contact: \_\_\_\_\_ Account #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
 Account Type:    checking:     savings:     other:  \_\_\_\_\_ Telephone: \_\_\_\_\_

**PLEASE READ THIS CAREFULLY**

Micros Northeast, Inc. is required to collect and remit sales tax in various states. Please state your resale tax # (if exempt) and submit tangible proof of exemption status:  
RESALE #: \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Please include financial statements for the most recent fiscal year plus any interim statements you have available. All information will be kept strictly confidential. | <input type="checkbox"/> Please return this credit application to :<br>Micros Northeast, Attn: Accounting Dept,<br>329 Washington St , Woburn, MA 01810. |
| <input type="checkbox"/> Micros Northeast terms are NET 30. Balances which are 30 days are subject to an 18% per annum Finance charge.   | <input type="checkbox"/> Please allow 5-7 days for this application to be processed.   |

I/We fully understand your credit terms and agree to the proper payment consideration of extended credit.

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