

Customer Credit Application Terms & Conditions:

- New customers are required to prepay until a credit application is submitted and approved by the Associates of Cape Cod, Inc. (ACC)¹
- Once a credit application is submitted, ACC will perform a credit investigation
- ACC reserves the right to supplement the information provided on the Credit Application Form with a credit agency inquiry. This will be done at the discretion and cost of ACC
- Upon successful completion of the credit investigation, ACC will assign a credit limit in alignment with the customer's credit history and ability to pay
- ACC has the right to monitor and change this credit limit at any time

Credit Application Instructions

1. Complete Sections 1 & 2 of the Customer Credit Application Form
 - a. Section 1 outlines the Customer's general business and contact information and provides the details ACC can use to research a customer's credit history
 - b. Section 2 provides Credit References that ACC can contact to further evaluate and validate a customer's ability to pay

NOTE: *All information provided is strictly confidential, will only be used to establish the customer's credit history, and will not be released to any third parties.*

2. Call Mary Romiza with any questions about the form at 508-540-3444 x2221
3. Please Email or fax the completed form to ACC at:
Fax: 508-540-8680
Email: credit@acciusa.com
4. ACC will contact the Customer with any questions about the information submitted, and to inform the Customer of the credit limit established by ACC

¹ ACC reserves the right to waive this requirement at its discretion

Section 1: Customer Information

(To be completed by the Customer)

Customer Name:			
Address 1:			
Address 2:			
City:	State:	Postal / Zip:	
Country:			
Contact Name:			
Title:			
Phone Number:	Fax Number:		
Email:			
Company Description:			
Industry:			
Company Tax / EIN #:			
# of years in Business:			
Current Year Revenue:	\$	Previous Year Revenue: \$	
Anticipated Annual Order Amount (in dollars):		\$	
Credit Limit Requested (in dollars):		\$	
Were you recently acquired?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes by Whom?	
In the past, have you done business with ACC under a different name?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, under what name?	
Desired Method of Payment:		<input type="checkbox"/> Check / Money Order <input type="checkbox"/> Credit Card <input type="checkbox"/> ACH <input type="checkbox"/> Other? If other please specify:	
Bank Information			
Bank Name:			
Bank Address:			
Account Number:			
Accounts Payable Info.			
AP Representative:			
Phone Number:	Fax Number:		
Email:			

Section 2: Credit References

(To be provided by the Customer)

Credit Reference #1			
Company Name:			
Contact Name:			
Address:			
City:	State:	Postal/Zip:	
Phone Number:	Fax Number:		
Email:			
Account Number:			
Credit Reference #2			
Company Name:			
Contact Name:			
Address:			
City:	State:	Postal/Zip:	
Phone Number:	Fax Number:		
Email:			
Account Number:			
Credit Reference #3			
Company Name:			
Contact Name:			
Address:			
City:	State:	Postal/Zip:	
Phone Number:	Fax Number:		
Email:			
Account Number:			
Credit Reference #4			
Company Name:			
Contact Name:			
Address:			
City:	State:	Postal/Zip:	
Phone Number:	Fax Number:		
Email:			
Account Number:			

Please email or fax the completed form to ACC at:

Fax: 508-540-8680

Email: credit@acciusa.com