



**APPLICATION FOR CREDIT**

Please type or print clearly and provide all information, as requested, to expedite processing.

Date: \_\_\_\_\_ New Account:  Updated Account:  Account Number: \_\_\_\_\_

Company Name (Include DBA): \_\_\_\_\_ Date Established: \_\_\_\_\_

Address: \_\_\_\_\_ Annual Sales: \$ \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Federal ID Number: \_\_\_\_\_

Telephone: \_\_\_\_\_ A/P Contact: \_\_\_\_\_

Email: \_\_\_\_\_ A/P Phone: \_\_\_\_\_

Credit Line Requested: \$ \_\_\_\_\_ Email Address: \_\_\_\_\_

Business Type: Sole Proprietorship  Partnership  Corporation  State: \_\_\_\_\_

Tax Exempt? No  Yes  (Please Complete ST-4 Form)

Rent Amount: \$ \_\_\_\_\_ Landlord or Mortgage Holder: \_\_\_\_\_

Property Value: \$ \_\_\_\_\_ Phone: \_\_\_\_\_

Owner or Authorized Officer: \_\_\_\_\_ Owner or Authorized Officer: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Telephone/Cell: \_\_\_\_\_ Home Telephone/Cell: \_\_\_\_\_

SSN: \_\_\_\_\_ SSN: \_\_\_\_\_

**TRADE REFERENCES**

Name: _____	Name: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Fax: _____	Fax: _____
Email: _____	Email: _____
Name: _____	Name: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Fax: _____	Fax: _____
Email: _____	Email: _____

Name of Bank: \_\_\_\_\_ Account Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Fax: \_\_\_\_\_

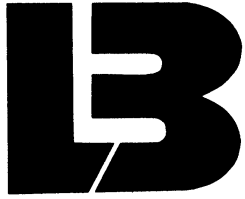
Address: \_\_\_\_\_ Email: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Applicant's signature attests financial responsibility, ability and willingness to pay our invoices within our payment terms, as well as any accrued finance charges.  
 Applicant also agrees to pay all actual costs associated with collecting this debt, including reasonable attorney's fees, should it become necessary to place the account in collection.  
 A FINANCE CHARGE of 1.50% per month is applied to all balances over 15 days late. (Annual Percentage Rate 18.00%)

\_\_\_\_\_  
Signature of Owner or Authorized Officer Title

\_\_\_\_\_  
Print Name



# L. BORNSTEIN & CO., INC.

321 WASHINGTON ST. • P.O. BOX 172 • SOMERVILLE, MASS. 02143

## AUTHORIZATION FORM

The undersigned hereby authorizes L. Bornstein & Co., Inc. or its agents to contact any bank, lender, landlord, or credit reference for the sole purpose of obtaining credit information.

I/We further authorize any bank, lender, landlord, or credit reference, to release said information to L. Bornstein & Co., Inc. or its agents, and to hold L. Bornstein & Co., Inc. harmless regarding this disclosure.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Signature of Owner or Authorized Officer*

\_\_\_\_\_  
*Signature of Owner or Authorized Officer*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name



# L. BORNSTEIN & CO., INC.

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(Must be signed by both spouses if married)  
(Must be signed by all partners)

## PERSONAL GUARANTEE

The within guarantee is made for the benefit of, and to obtain credit on a continuing basis from, L. Bornstein & Co., Inc. The undersigned hereby guarantees the performance of all obligations of \_\_\_\_\_ including but not limited to payment of all present and future indebtedness to L. Bornstein & Co. Inc., whether secured or unsecured and regardless of how the indebtedness is represented or incurred and regardless of prior notice, demand or pursuit of remedies against the party primarily liable. The undersigned consents to any extension or alteration of any obligation and guarantees such without prior notice. This guarantee shall continue in effect until the undersigned has notified L. Bornstein & Co., Inc. in writing via certified mail of its cancellation, but such cancellation shall not alter any obligation of the undersigned arising prior to receipt of such written notice.

\_\_\_\_\_  
*Signature of Owner or Corporate Officer*

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
*Signature of Owner or Corporate Officer*

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
*Signature of Spouse*

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address: Street/City/State/Zip

\_\_\_\_\_  
*Witness Signature*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address: Street/City/State/Zip



# Form ST-4 Sales Tax Resale Certificate

Name of purchaser Social Security or Federal Identification number

Address

City/Town State Zip

Type of business in which purchaser is engaged:

Type of tangible personal property or service being purchased (be as specific as possible):

Name of vendor from whom tangible personal property or services are being purchased:

Address City/Town State Zip

I hereby certify that I hold a valid Massachusetts Vendor's Registration, issued by the Commissioner of Revenue, pursuant to Massachusetts General Laws, Chapter 64H, section 7, and that I am in the business of selling the kind of tangible personal property or services being purchased under this certificate, and that I intend to sell such property or services in the regular course of my business.

**Signed under the penalties of perjury.**

Signature of purchaser Title Date

**Check applicable box:**  Single purchase certificate  Blanket certificate

### Notice to Vendors

1. Massachusetts General Laws assume that all gross receipts of a vendor from the sale of tangible personal property and services are from sales subject to tax, unless the contrary is established. The burden of proving that a sale of tangible personal property or service by any vendor is not a retail sale is placed upon the vendor unless he/she accepts from the purchaser a certificate declaring that the property or service is purchased for resale.
2. A resale certificate relieves the vendor from the burden of proof only if it is taken in good faith from a purchaser who is engaged in the business of selling tangible property or services and who holds a valid Massachusetts sales tax registration.
3. The good faith of the vendor will be questioned if he/she has knowledge of facts which give rise to a reasonable inference that the purchaser does not intend to resell the property or services. For example, knowledge that a purchaser of particular merchandise is not engaged in the business of selling the kind of merchandise or service he/she is purchasing under this certificate would constitute grounds to question the good faith of the vendor.
4. The vendor must make sure that the certificate is filled out properly and signed before accepting it.
5. The vendor must retain this certificate as part of his/her permanent tax records.

If you have any questions about the acceptance or use of this certificate, please contact: **Massachusetts Department of Revenue, Customer Service Bureau, PO Box 7010, Boston, MA 02204, or call (617) 887-MDOR or toll-free, in-state 1-800-392-6089.**

### Notice to Purchasers

1. This certificate is to be used when the purchaser intends to resell the tangible personal property or service in the regular course of business. Manufacturers claiming an exempt use of the materials, tools and fuel which will be used in the manufacture, processing or conversion of tangible personal property should use Form ST-12, Exempt Use Certificate. Tax-exempt organizations making purchases for other than resale are to use Form ST-5, Exempt Purchaser Certificate.
2. The purchaser must hold a valid Massachusetts vendor registration. If you need to apply for a registration, go to [www.mass.gov/dor](http://www.mass.gov/dor) and click on WebFile for Business to complete an online application for registration.
3. This certificate must be signed by and bear the name and address of the purchaser and his/her Federal Identification number. This certificate must also indicate the type of tangible personal property purchased and resold by the purchaser.
4. If a purchaser who gives a certificate makes any use of the property other than retention, demonstration or display while holding it for sale in the regular course of business, such property will be subject to the Massachusetts sales or use tax, as of the time the property is first used by him/her.
5. If you are engaged in a service activity, and are unsure as to the eligibility of the tangible personal property being purchased for resale, see the regulation on Service Enterprises, 830 CMR 64H.1.1.
6. For further information about the use of resale certificates, see the regulation on Resale and Exempt Use Certificates, 830 CMR 64H.8.1.

**Warning: Willful misuse of this certificate may result in criminal tax evasion sanctions of up to one year in prison and \$10,000 (\$50,000 for corporations) in fines.**

**This form is approved by the Commissioner of Revenue and may be reproduced.**