



Credit Application

CONNECTICUT

319 Murphy Road
Hartford, CT 06114
(800) 858-6710
Fax (860) 525-5975

209 Forbes Avenue
New Haven, CT 06512
(800) 647-5915
Fax (203) 467-8357

91 Crystal Avenue
New London, CT 06320
(800) 437-5916
Fax (860) 443-1621

20 Victory Street
Stamford, CT 06902
(800) 647-5914
Fax (203) 358-0514

805 Wood Avenue
Bridgeport, CT 06604
(203) 335-5569
Fax (203) 624-4539

MASSACHUSETTS

364 Rantoul Street
Beverly, MA 01915
(800) 437-4804
Fax (978) 922-5230

55 Messina Drive
Braintree, MA 02184
(800) 847-5688
Fax (781) 849-0484

10 Temple Street
Charlestown, MA 02129
(800) 847-5689
Fax (617) 241-8137

56 Daniels Street
Fitchburg, MA 01420
(800) 832-0532
Fax (978) 342-5513

150 Cordaville Rd Suite 120
Southborough, MA 01772
(800) 847-5749
Fax (508) 303-9544

6 Kane Industrial Dr
Hudson, MA 01749
(800) 221-9070
Fax (978) 562-9161

975 Riverside Drive
Methuen, MA 01844
(800) 227-1868
Fax (978) 685-1139

18 Taconic Park Avenue
Pittsfield, MA 01201
(800) 858-6706
Fax (413) 499-3938

210 Albany Street
Springfield, MA 01105
(800) 874-5628
Fax (413) 733-3535

517 St. James Avenue
Springfield, MA 01109
(413) 781-1096
Fax (413) 781-0789

545 St. James Avenue
Springfield, MA 01109
(800) 858-6707
Fax (413) 732-2874

Date: _____

Legal Business Name: _____

DBA Name: _____

Mailing Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Does your company require purchase order numbers? _____

Primary Location for Purchasing: _____

Credit Amount Requested: _____

Owner's Name: _____ Home Phone: _____

*****Without a Complete Mailing Address and Phone Number for your Trade References
We Cannot Process your Application. We MUST have AT LEAST 3 TRADE REFERENCES
to Process Your Application.

TRADE REFERENCES:

Name	Address	Phone and Fax #
_____	_____	_____
_____	_____	_____
_____	_____	_____

BANK REFERENCE:

A 1-1/2% per month Service Charge (18% per annum) will be added to all past due balances.

Terms of Sale are Net 30.

I hereby certify that the information on this Credit Application is true and correct. I hereby authorize any credit investigation needed for verification for the duration of the credit relationship. The Bell/Simons Companies are a group of corporations. This application covers The Bell Pump Company, The Simons Company, Clark & Co. and The Burner Supply Co. Note: Both pages must be completed in order to process your application.

Owner's Authorized Signature: _____

Print Name and Title _____

105 Ferndoc Street
Hyannis, MA 02601
(508) 771-3588
Fax (508) 771-4065

559 Cambridge Street
Worcester, MA 01610
(800) 847-5753
Fax (508) 797-4838

MAINE

62 Academy Street
Auburn, ME 04211
(Heating)
(800) 437-8468
Fax (207) 786-2462

470 Odlin Road
Bangor, ME 04401
(800) 438-4756
Fax (207) 947-1539

29 Landry Street
Biddeford, ME 04005
(800) 437-8508
Fax (207) 284-9038

97 Parker Street
Brewer, ME 04412
(800) 437-8469
Fax (207) 989-6265

373 Riverside Ind. Park
Portland, ME 04103
(800) 438-4757
Fax (207) 797-7147

87 River Road
Sanford, ME 04073
(800) 437-8475
Fax (207) 490-2299

56 Airport Road
Waterville, ME 04901
(800) 437-8466
Fax (207) 872-2418

75 Wyman Road
Hancock, ME 04640
(207) 664-1904
Fax (207) 664-1907

NEW HAMPSHIRE

1050 Holt Avenue Unit 3
Manchester, NH 03109
(800) 854-3641
Fax (603) 625-4832

NEW YORK

51 Railroad Avenue
Albany, NY 12205
(800) 392-2403
Fax (518) 489-2908

222 Van Wagner Road
Poughkeepsie, NY 12603
(800) 392-7021
Fax (845) 471-2664

RHODE ISLAND

90 Kenwood Street
Cranston, RI 02907
(800) 556-6810
Fax (401) 942-2580

VERMONT

3 Calkins Street
Burlington, VT 05403
(800) 982-5112
Fax (802) 862-8941

PLEASE ENCLOSE TAX EXEMPT CERTIFICATE IF APPLICABLE

*****Both Pages Must Be Completed *****

STATEMENT and INVOICING PREFERENCE

We provide an email product that provides you with a quick delivery of documents as well as reduces paper waste.

Please select the method that you prefer for your Statements and Invoices:

- ☐ **Please send my statements and invoices via email.**
- ☐ **Please send my statements only via email**
- ☐ **Please send my invoices only via email**

Please Provide Your Email Address: _____

(Note: Statements are either emailed or faxed. We no longer mail this document via USPS unless prior arrangements have been made.)

If you prefer your documents faxed please provide your billing fax number: _____

BUSINESS PRINCIPAL(S):

Last Name _____ First Name _____ Middle Initial _____

Present Address: _____

Former Address: _____

Social Security Number: _____ Date Of Birth _____

Last Name _____ First Name _____ Middle Initial _____

Present Address: _____

Former Address: _____

Social Security Number: _____ Date Of Birth _____

The *BellSimons Companies hereby certifies that the information obtained on the individual as a sole proprietor or general partner in a business seeking credit from The *BellSimons Companies is for a legitimate business need and shall be held in strict confidence.

INDIVIDUAL GUARANTEE OF PAYMENT

The undersigned, hereby being the principal(s) of _____, in consideration of The *BellSimons Companies extending credit to the aforementioned business jointly and severally, individually, unconditionally guarantees payment of any and all, present and future obligations and indebtedness which have incurred or shall be incurred to The *BellSimons Companies. The undersigned further agrees to pay all costs, collection fees, attorney's fees and expenses incurred by The *BellSimons Companies in the event of said business' failure to pay all obligations and indebtedness when due.

Signature _____ Dated: _____

Print Name _____ Title _____

Signature _____ Dated: _____

Print Name _____ Title _____

*BellSimons Corporate Entities – The Bell Pump Company – The Simons Company – Clark & Co. – Burner Supply Co.

*****Both Pages Must Be Completed *****