



Application For Credit
120 Commerce Way Woburn, MA 01801
Phone (800) 234-8453 Fax (781) 935-0841
Fillable Form

Company Name	Phone No.	Fax No.
Business Street Address:	City State	Zip Code:
Shipping Address (If Different From Business Address)	City State	Zip Code:
Primary Business Purpose	Social Security No. / EIN No.	Operating as a:
Officers / Owners:	Address, City, State, Zip	Phone
1.		
2.		
3.		
4.		
Bank Name:	Bank Branch Address	Phone
Checking Account Number	Bank Officer	Phone
Business State Date	In present location since:	Own / Lease
If Leased, from whom?	Address, City, State, Zip	Phone No:
Real Estate Owned	Address, City, State, Zip	Total Value



Application For Credit
 120 Commerce Way Woburn, MA 01801
 Phone (800) 243-8453 Fax (781) 935-0841

Credit References: Please list at least five of your current major suppliers (Do not include credit cards or banks.)		
Name	Address, City, State, Zip	Phone / Fax no.
1.		
2.		
3.		
4.		
5.		

Personal Guarantee
(Personal Guarantee must be signed, not typed in or printed)

For and in consideration of selling any goods or materials to the above applicant on open account or otherwise, I / we, _____ personally guarantee unconditional, the payment of any and all indebtedness incurred together with interest thereon, attorney fees and cost.

Dated this _____ day for _____ 20__ _____

Guarantor _____
 (Signature)

Authorization to Release Financial Information

Please provide bank and financial information to Albert F. Fitzgerald, Inc. This information is requested for Fitzgerald's use in the extension of credit for business purposes only and will be held in strict confidence.

Name of Bank or Financial Institution _____

Address _____

Checking Account No.: _____ Loan No.: _____

Authorized Signature _____ Title _____ Date _____



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 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.