



On the Route 44 Auto Mile
Raynham, MA 02767
www.mastria.com



BUICK

GMC



APPLICATION FOR CREDIT

NAME _____ TELEPHONE _____

BILL TO: _____
Street/P.O. Box City State/Zip

SHIP TO: _____
Street/P.O. Box City State/Zip

Federal ID # _____ (Form ST-4 Must Also Be Completed)

Please check on of the following: _____ Corporation _____ Year Formed _____ Partnership _____ Sole Proprietor _____
Individual

Name of Owner Street/P.O. Box City State/Zip

Accounts Payable Contact Phone Number

CREDIT REFERENCES

Name Address Phone Number

Name Address Phone Number

Name Address Phone Number

Credit Terms: Payment of the outstanding balance is due by the 15th of each month for purchases made during the prior month.

By accepting open account billing privileges we agree to adhere to the above terms. By signing below you authorize us to make credit inquiries business and personal to evaluate this request.

Signature Print Name & Title Date

Personal Guarantee: The undersigned agrees to act as a personal guarantor and co-signer to this agreement for all debts incurred both now and in the future for all monies owed by the Company, Person, or Corporations who have signed this credit application and who have been extended credit both now and in the future. Guarantor recognizes, understands, and agrees that this guarantee cannot be revoked or rescinded if any balance remains owed and outstanding to the Vendor and Guarantor hereby waives their subrogation or recovery rights.

Signature Print Name Date