



Montreal, Maine & Atlantic Railway
Credit Application
 Complete and return by facsimile to (207) 848-4349

15 Iron Road
 Hermon, ME 04401
 Ph: (207) 848-4200
 Fax: (207) 848-4349

BILLING INFORMATION

Business Name:		Business Phone No:	
Billing Address:		Fax No:	
City:	State:	Zip:	Federal Tax ID No:
<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		Nature of Business:	
If Division/Subsidiary, Name/Address of Parent Company:			
Contact Person Name:		Contact Title:	
Contact Phone No:		Contact Email address:	
Billing preference: <input type="checkbox"/> By Mail <input type="checkbox"/> By Fax <input type="checkbox"/> By Email		Info if different than listed above:	

GENERAL INFORMATION

Date business established:	No. of Employees:	
Amount of Credit Request:	Were any of the principals in business before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , give business name and location:		
If so, reason for discontinuing?		

TRADE REFERENCES

Name of Supplier	City/State	Acct#	Telephone No.	Facsimile No.

BANK REFERENCES

Name of Bank	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Acct#	Telephone No.	Facsimile No.
Name of Bank	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Acct#	Telephone No.	Facsimile No.

CREDIT TERMS/AUTHORIZATION TO RELEASE INFORMATION

All invoices due 15 days from invoice date. A monthly service charge of 1 1/2 % or the maximum permitted by law may be added to all accounts not paid within 30 days after due date. Applicant understands and agrees to meet Montreal, Maine & Atlantic Railway's credit terms, to pay service charges assessed, and to pay reasonable collection expenses in the event of default.

I/We hereby authorize you to whom this application is made or your agents to investigate my/our financial responsibility and credit worthiness as you deem necessary.

By: _____ Title: _____ Date: _____