



**DENNIS K. BURKE INC.**

**New Account Application**

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ FID Number: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Years in business: \_\_\_\_\_ Years at this location: \_\_\_\_\_  
 Accounts Payable Contact: \_\_\_\_\_ Accounts Payable Email Address: \_\_\_\_\_

Principal (s) / Officers Information:

Full Name \_\_\_\_\_ Title \_\_\_\_\_ SS# \_\_\_\_\_ Home Address \_\_\_\_\_

**References**

*Current Fuel or Lubricant Suppliers, if any:*

Supplier 1 \_\_\_\_\_ Phone: \_\_\_\_\_  
 Supplier 2 \_\_\_\_\_ Phone: \_\_\_\_\_

*Other Trade References:*

Vendor 1 \_\_\_\_\_ Phone: \_\_\_\_\_  
 Vendor 2 \_\_\_\_\_ Phone: \_\_\_\_\_

Bank \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_  
 Account No. \_\_\_\_\_ Address \_\_\_\_\_  
 Bank \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_  
 Account No. \_\_\_\_\_ Address \_\_\_\_\_

**Most recent year-end financial statements required: Attached \_\_\_\_\_ To be forwarded \_\_\_\_\_**

**TERMS OF SALE:** If credit is extended to applicant, the undersigned agrees to pay for the balance due according to terms of sale; which are net 10 days. Payment is required from invoice and no statement will be mailed. Accounts with balances beyond our terms are subject to interruption of deliveries and/or 1.5% per month service charge on any outstanding past due balances. The undersigned agrees to pay, in the event of default, all reasonable attorneys' fees and the cost and expenses of collection of this account, and amounts due hereunder. The undersigned consents to the jurisdiction of Massachusetts courts for all action instituted hereunder, and agree that Massachusetts law shall govern. We accept the terms shown above and authorize Dennis K. Burke, Inc. to obtain information concerning the above statement so that our accounts can be opened. **Please fax application back to 617-344-0403**

Authorized by \_\_\_\_\_ Title \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date \_\_\_\_\_

***INFORMATION BELOW WILL BE FILLED IN BY DENNIS K. BURKE, INC.***

Originator \_\_\_\_\_ Date \_\_\_\_\_ Estimated Monthly Sales (\$) \_\_\_\_\_ Products: \_\_\_\_\_  
 Approved Date \_\_\_\_\_ Amount \$ \_\_\_\_\_ Terms \_\_\_\_\_ Credit Manager Initials: \_\_\_\_\_