



Main Office
200 Merrimac St.
Woburn, MA 01801
781-935-1919
Fax 781-937-9809

Avon
140 Wales Ave
Avon, MA 02322
508-584-8484
Fax 508-584-8514

Whately
102 State Rd.
Whately, MA 01093
413-665-7009
Fax 413-665-7277

Rhode Island
3 Rocky Hill Rd
Smithfield, RI 02917
401-942-9191
Fax 401-942-9266

Maine
84B Warren Ave.
Westbrook, ME 04092
207-854-0615
Fax 207-854-0614

New Haven
25A Bernhard Rd
New Haven, CT 06513
203-848-6735
Fax 203-848-6734

Newington
283 Pane Rd
Newington, CT 06111
860-665-7470
Fax 860-665-7478

Holmes
24 Sybil Court
Holmes, NY 12531
845-878-4004
Fax 845-878-9747

Pine Bush
97 Route 302
Pine Bush, NY 12566
845-744-2006
Fax 845-744-2900

*Company /Indiv. _____ * Phone # _____
*Address _____ (NO PO BOX) Fax # _____
*City _____ * State _____ *Zip Code _____
E-Mail Address _____
Federal Id # _____ *Purchase Order Required? Y/N _____
Business Form: () Corporation () Partnership () Individual () Proprietorship () Other
*Taxable: _____ If exempt, please include tax exemption certificate. (Tax will be charged until form is received)
*Accounts Payable Contact _____ Phone No. _____

Financial Information

*Bank Name _____ Account # _____
*Street Address _____ City/State/Zip _____
Bank Contact Name _____ Phone No. _____
Insurance Co. _____ Agent _____ Phone No. _____

Officers/Owners

*Name – Title _____ Name – Title _____
*Home Address _____ Home Address _____
*City/St/Zip _____ City/St/Zip _____
Phone No. _____ Phone No. _____
*SSN # _____ SSN # _____

Trade Ref.(NO OIL COMPANIES,UTILITIES,OR CREDIT CARD COMPANIES)

*Name _____ * Name _____ *Name _____
Address _____ Address _____ Address _____
City/St/Zip _____ City/St/Zip _____ City/St/Zip _____
*Phone No. _____ *Phone No. _____ *Phone No. _____
*Fax No. _____ *Fax No. _____ *Fax No. _____

All invoices are due and payable according to the invoice terms. Interest will be charged on all invoices not paid by the 30th day after the date of the invoice, at the rate of (18%) per annum, or the maximum rate permitted by the state or federal law, whichever is greater. It is expressly agreed that all obligations of the parties created herein are performable in the County of Middlesex, in the State of Massachusetts, the main office of C.N. Wood Co. Inc. and the laws of the state of Massachusetts shall govern all transactions. Suit may be brought in Middlesex County, Massachusetts. A failure to pay requiring suit shall entitle C.N. Wood Co. Inc. to the cost of the suit, including its attorney's fees incurred in the collection. C.N. Wood Co., Inc. is authorized to investigate and obtain reports regarding this application or resulting account with credit reporting agencies and others, including personal guarantors. By signing below, signer confirms he is authorized to sign on behalf of company.

*Agreed to by _____ Date _____
*Authorized Signature _____ Title _____
Please fax completed application to Catherine Anderson @ 781-937-9809. (*) Required to process application! Or you can email it to credit@cn-wood.com.