



Municipal Credit Application
for Government Agencies, Cities/Towns & Public Schools

Contact Information		
Municipality Name: _____		
Dept. Requesting Account: _____		
Dept. Contact Name: _____		
Dept. Contact Email Address: _____		
Shipping Contact Name (If Applicable): _____		
Shipping Address: _____		
City: _____	State: _____	Zip: _____
Phone: () _____	Fax: () _____	

Billing Information		
Billing Address: _____		
City: _____	State: _____	Zip: _____
Accounts Payable Contact: _____		
Accounts Payable Email: _____		
AP Phone: () _____	AP Fax: () _____	
Are you Sales Tax Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please attach an exemption certificate.</i>		
Tax Exempt #: _____		
Federal Tax ID #: _____		
P.O. # Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Job Names Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Special Billing Instructions: _____		

Authorization:

I understand that the credit terms are net 30 days from the date the goods are received, unless otherwise stated in writing, and that the account is subject to a finance charge on balances outstanding sixty (60) days after receipt of the goods at the rate of 1.5% per month (18% per annum). I understand that orders may not be shipped if the account is past due. I hereby certify that all information contained in this Credit Application is correct in all respects. I also certify that I am an authorized signing official of the municipality named above.

Authorized Signature: _____
Print Name: _____
Title: _____
Date: _____

Please send completed credit application to:
 BISCO ~ 60 Stergis Way ~ Dedham, MA 02026
 Phone: (800) 225-8006 Fax: (781) 320-9023