



Etchomatic, inc.

Company name: _____

Billing address: _____

City _____ State _____ Zip _____

Shipping address: _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____

Principal owner: _____

Years in business: _____ Accts Payable contact: _____

Bank Name: _____ Acct# _____

Address: _____

Phone: _____ Fax: _____

(3) Trade References:

Company name: _____

Address: _____

Phone: _____ Fax: _____

Company name: _____

Address: _____

Phone: _____ Fax: _____

Company name: _____

Address: _____

Phone: _____ Fax: _____

Our credit terms are Net 30 days from invoice date. Please fill out form, sign and date and fax to:
(978) 656-9903, Attention: Georgia or email: gmcnay@etchomatic.com

179 Olde Canal Drive • Lowell, Massachusetts 01851-2736

Phone 978-656-0011 • Fax 978-656-9903

<http://www.etchomatic.com>



Etchomatic, inc.

Applicant's signature attests financial responsibility, ability and willingness to pay invoices in accordance with terms. If applicant fails to make payment as required the expenses of collection, including reasonable attorney's fees (if services of an attorney are deemed necessary) shall be imposed.

Applicant understands credit terms and agrees to the proper payment in consideration of extended credit. By signing this form applicant authorizes the bank and trade references to release information regarding their account.

Printed Name: _____ Title: _____

Authorized Signature: _____ Date: _____